PAPERLESS PHARMACY

GST TAX INVOICE

SHREE VITTAL MEDICAL

SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON
WAGHOLI ROAD,LOHAGHON. TAL. HAWELI, DIST. PUNE

GST No. :
DI. No. : 20-567944, 21-567945
PH. No. : 9075701889
Email : vijaymane3293@gmail.com

Patient Name	:	priyanka	**Invoice No.**	:	AM/C399/26/39
Dr. Name	:	Dr. Vijay Mane	**Inv. Date**	:	30-05-2026
Patient No.	:	7020934360	**Pat. Address**	:	lohegaon

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
ME-12 FORTE INJ -	30044030	ANF07A FA	07/27	1.00	1 ML	31.00	29.52	1.55	5.00	29.45

Amt. In Words : TWENTY-NINE RUPEES ONLY
Credit Bal. :29.00
Terms & Conditions

1. **Medicine return shall be done within 7 days of purchase.**
2. **Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.**
3. **No return/Exchange will be processed without presenting the original bill.**

GROSS	29.52
DISCOUNT	1.55
TAX	1.48
NET AMT.	**29.00**

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Customer Care : 9075701889

Authorized Signatory
VIJAY RAGHUNATH MANE

Get Well Soon !!!