PAPERLESS PHARMACY

GST TAX INVOICE

SAI MEDICAL

SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE

GST No. :
DI. No. : 20- 427146, 21- 427147
PH. No. : 8282825959
Email : thevisioncarecenter@gmail.com

Patient Name	:	SUMAN SHELKE	**Invoice No.**	:	AM/C414/26/191
Dr. Name	:	NA	**Inv. Date**	:	25-06-2026
Patient No.	:	7470185555	**Pat. Address**	:	undefined

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
LUTEZA-PRO -	21069099	PPF026001	06/27	30.00	1 x 10	302.54	864.40	0.00	5.00	907.62
NEPABLU BF -	30049099	003J25CE	03/27	1.00	1 x 1	286.50	272.86	46.00	5.00	240.50

Amt. In Words : ONE THOUSAND, ONE HUNDRED AND FORTY-EIGHT RUPEES AND ONE TWO PAISE ONLY
Credit Bal. :1,148.12
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	1,137.26
DISCOUNT	46.00
TAX	56.86
NET AMT.	**1,148.00**

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Customer Care : 8282825959

Authorized Signatory

Get Well Soon !!!