GST TAX INVOICE

SAI MEDICAL

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

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

Patient Name	BALASAHEB ZUGE	**Invoice No.**	AM/C414/26/760
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	02-07-2026
Patient No.	8087181607	**Pat. Address**	undefined
Payment Mode	Cash	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
PAN D - ALK		25444104	10/27	2.00	1 x 15	238.10	31.75
COMBIFLAM TAB		211025172	11/27	4.00	1 x 15	57.45	13.32

Total No. of Products :- 2

Amt. In Words : FORTY-FIVE RUPEES AND ZERO SEVEN PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	44.82
DISCOUNT	2.00
TAX	2.24
NET AMT.	**45.00**

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.

Authorized Signatory