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	MANJULA KSHIRSAGAR	**Invoice No.**	AM/C414/26/656
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	04-07-2026
Patient No.	8169416038	**Pat. Address**	
Payment Mode	UPI	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
NEFASOL	3004	AHD04ACA	01/27	1.00	1 x 1	248.00	248.00
TROPICACYL PLUS	30049099	TP-2601	03/28	1.00	5 ML	80.63	80.63

Total No. of Products :- 2

Amt. In Words : THREE HUNDRED AND TWENTY-NINE RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	312.98
DISCOUNT	0.00
TAX	15.65
NET AMT.	**329.00**

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