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	:	SURAJMAL PANNALAL METHA	**Invoice No.**	:	AM/C414/26/445
Dr. Name	:	DR. SWAPNIL BHALEKAR	**Inv. Date**	:	02-07-2026
Patient No.	:	8329183724	**Pat. Address**	:	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
NEFASOL -	3004	AHD04A CA	01/27	1.00	1 x 1	248.00	236.19	0.00	5.00	248.00
TROPICACYL PLUS -	3000	2538	12/27	1.00	5 ML	80.63	76.79	0.00	5.00	80.63

Amt. In Words : **THREE HUNDRED AND TWENTY-NINE RUPEES ONLY**
Credit Bal. :**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.**

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

Authorized Signatory

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Customer Care : 8282825959

Get Well Soon !!!