PAPERLESS PHARMACY

GST TAX INVOICE

SAMRUDDHI MEDICAL

SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI

GST No. : 27AMZPP5042J1ZB
DI. No. : 20-564133, 20B-564135
PH. No. : 9028170400
Email : swapnilamrutkar777@gmail.com

Patient Name	:	POOJA SHIVALE	**Invoice No.**	:	AM/C126/25/19274
Dr. Name	:	MUKESH DHARMA	**Inv. Date**	:	14-08-2025
Patient No.	:	8600289996	**Pat. Address**	:	NEW SANGVI

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
Ocid 20 - ZYD	30044030	I403409	03/26	8.00	1 x 20	64.28	22.96	0.00	12.00	25.71
STAPHACILLIN CV 625 - PRA	30044030	ACLA24191B	05/26	8.00	1 x 10	180.00	128.57	0.00	12.00	144.00

Amt. In Words : ONE HUNDRED AND SEVENTY RUPEES ONLY
Credit Bal. :170.00
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.**

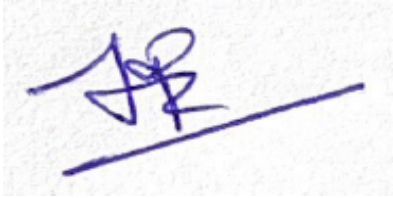
GROSS	151.53
DISCOUNT	0.00
TAX	18.18
NET AMT.	**170.00**

SAMRUDDHI MEDICAL

SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI

Customer Care : 9028170400

REG. PHARMCIST SIGN



Get Well Soon !!!