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	:	SARTHAK BOTHRA	**Invoice No.**	:	AM/C414/26/519
Dr. Name	:	DR. SWAPNIL BHALEKAR	**Inv. Date**	:	05-06-2026
Patient No.	:	9632115120	**Pat. Address**	:	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
PRED FORTE -	300490	123940	11/27	1.00	1 x 1	61.52	58.59	0.00	5.00	61.52
MAXIM - Cro		25LC05C	08/26	1.00	1 x 1	214.00	203.81	0.00	5.00	214.00
ALFABET PF - His		25DK36	10/27	1.00	10 ML	553.00	526.67	0.00	5.00	553.00
HOMACID -	30044010	260001	12/27	1.00	5 ML	33.50	31.90	0.00	5.00	33.50
ENZOFLAM TAB - Alk		25444781	11/27	10.00	1 x 10	172.00	163.81	1.00	5.00	171.00

Amt. In Words : ONE THOUSAND AND THIRTY-THREE RUPEES AND ZERO TWO PAISE ONLY
Credit Bal. :1,033.02
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	984.78
DISCOUNT	1.00
TAX	49.24
NET AMT.	**1,033.00**

Authorized Signatory

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Customer Care : 8282825959

Get Well Soon !!!