GST TAX INVOICE

SHOBHIT PHARMACY

SHOP NO. 1, BALL0008309, GROUND FLOOR DATTA MANDIR ROAD, BALAJI WARD, BALLARPUR, CHANDRAPUR

GST No. -
DL No. - 20-636085, 21-636086
PH. No. - 9511736332
Email - shobhitpharmacy@gmail.com

Patient Name	GRACY WAGHMAE	**Invoice No.**	AM/C428/26/243
Dr. Name	NA	**Inv. Date**	04-07-2026
Patient No.	9673068628	**Pat. Address**	undefined
Payment Mode	Cash	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
LAXIFORCE LIQ		ML250186	03/27	1.00	1 x 1	196.87	196.87

Total No. of Products :- 1

Amt. In Words : ONE HUNDRED AND NINETY-SEVEN RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	187.50
DISCOUNT	0.00
TAX	9.37
NET AMT.	**197.00**

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