

	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
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Patient Name : ATHARAV NALAWADE				Invoice No. : AM2025/3201						
Dr. Name : MUKESH DHARMA				Inv. Date : 24-03-2025						
Patient No. : 9822477499				Pat. Address : KALEWADI						

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
Sun - CHERICOF JUNIOR	30044030	SXF2331 A	10/26	1.00	60 ML	90.00	80.36	0.00	12.00	90.00
Sun - MOX 250 TAB	30044030	DFF4129 A	05/26	10.00	1 x 15	152.00	90.48	0.00	12.00	101.33
AUR - FEPANIL 500	30044030	FCTS24 G28	08/26	5.00	1 x 15	15.00	4.46	0.00	12.00	5.00

Amt. In Words : ONE HUNDRED AND NINETY-SIX RUPEES AND THREE FOUR PAISE ONLY Credit Bal. :196.34 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 175.30 DISCOUNT 0.00 TAX 21.04			
							NET AMT.		196.00	

SAMRUDDHI MEDICAL SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI Customer Care : 9028170400	REG. PHARMCIST SIGN 
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Get Well Soon !!!