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	:	JAYANT PANDIT	**Invoice No.**	:	AM/C126/25/21618
Dr. Name	:	MUKESH DHARMA	**Inv. Date**	:	01-09-2025
Patient No.	:	9881464314	**Pat. Address**	:	KALEWADI

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
2B12 - PRE	30044030	PTT1302	03/27	30.00	1 x 15	346.60	618.93	0.00	12.00	693.20
LIVOGEN TABLET - PRO	30044030	5099C84206	03/27	30.00	1 x 15	101.28	180.86	0.00	12.00	202.56

Amt. In Words : EIGHT HUNDRED AND NINETY-SIX RUPEES ONLY
Credit Bal. :896.00
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.**

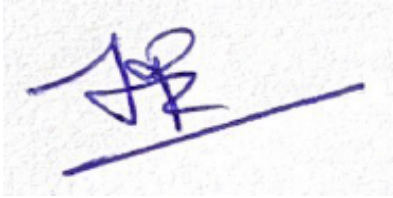
GROSS	799.79
DISCOUNT	0.00
TAX	95.97
NET AMT.	**896.00**

SAMRUDDHI MEDICAL

SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI

Customer Care : 9028170400

REG. PHARMCIST SIGN



Get Well Soon !!!