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	:	RAJESH CHANDE	**Invoice No.**	:	AM/C126/25/21822
Dr. Name	:	KASHISH SADHWANI	**Inv. Date**	:	05-09-2025
Patient No.	:	9920657353	**Pat. Address**	:	THERGOAN

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
YOUNIFLOSS - ICP	30044030	022025	03/30	1.00	50GM	122.00	108.93	0.00	12.00	122.00
ENZOFLAM TAB - Alk	30044030	25440988	02/27	5.00	1 x 10	167.00	74.55	0.00	12.00	83.50
METROGYL DG FORTE GEL - J B		PGX4038A	10/27	1.00	20 GM	82.50	73.66	0.00	12.00	82.50

Amt. In Words : TWO HUNDRED AND EIGHTY-EIGHT RUPEES ONLY
Credit Bal. :288.00
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	257.14
DISCOUNT	0.00
TAX	30.86
NET AMT.	**288.00**

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Customer Care : 9028170400

REG. PHARMCIST SIGN

Get Well Soon !!!