GST TAX INVOICE

SAI MEDICAL

SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE

GST No. -
DL No. - 20- 427146, 21- 427147
PH. No. - 8282825959
Email - thevisioncarecenter@gmail.com

Patient Name	PUNDLIK THORAT	**Invoice No.**	AM/C414/26/852
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	06-07-2026
Patient No.	9970857565	**Pat. Address**	undefined
Payment Mode	Cash	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
COMBIFLAM TAB		211025172	11/27	10.00	1 x 15	57.45	38.30
PAN D - ALK		25444104	10/27	5.00	1 x 15	238.10	69.37
DIAMOX TAB - WYE	30049099	GTH0605A	01/29	4.00	1 x 10	64.88	25.95
BROMOSTAR T	300	B7MVZ001	12/27	1.00	1 x 1	183.26	183.26
VIGAMOX	30049010	12YAE	08/27	1.00	1 x 1	443.75	443.75
HOMACID	30044010	260001	12/27	1.00	5 ML	33.50	33.50
EYE SHIELD 1 NOS		GOLD	05/29	1.00	1 x 1	18.75	18.75
PAPER TAPE DR CROWN	3005	2510607	05/28	1.00	1 x 1	71.25	71.25
AQUIM LIDWIPES	30059090	PLPHA2.103	05/28	4.00	1 x 10	188.00	75.20
PRED FORTE EYE DROP	30043200	A0120	02/28	1.00	1 x 1	61.52	61.52

Total No. of Products :- 10

Amt. In Words : ONE THOUSAND AND TWENTY RUPEES AND EIGHT FIVE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	981.77
DISCOUNT	10.00
TAX	49.09
NET AMT.	**1,021.00**

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