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	MANOJ BORHADE	**Invoice No.**	AM/C414/26/1583
Dr. Name	NA	**Inv. Date**	15-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	**UPI**	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
AWARENE T PF - HIS	30049099	26DA30	12/27	1	5 ML	654.00	620.00

Total No. of Products :- 1

Amt. In Words : SIX HUNDRED AND TWENTY RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	622.86
DISCOUNT	34.00
TAX	31.14
NET AMT.	**620.00**

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