

		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	SANTOSH KOLPE			Invoice No.	AM/C414/26/1584			
Dr. Name	NA			Inv. Date	15-07-2026			
Patient No.	4544785010			Pat. Address				
Payment Mode	Cash			Salesman				
Product		HSN	B.No	Exp.	Qty	Pack	MRP	Net
LUBIMOIST - MAN			34MVZ005	06/27	1	10 ML	328.96	319.96
Total No. of Products :- 1								
Amt. In Words : THREE HUNDRED AND NINETEEN RUPEES AND NINE SIX PAISE ONLY Credit Bal. : 0.00 Payment Mode : Cash						GROSS		313.30
						DISCOUNT		9.00
						TAX		15.66
						NET AMT.		320.00
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		