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	BABASAHEB SHEJUL	**Invoice No.**	AM/C414/26/1597
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	16-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	**UPI**	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
PAN D - ALK		25444104	10/27	2	1 x 15	238.10	31.75
COMBIFLAM TAB	300450	211026120	03/28	4	1 x 20	57.45	11.49
MAXIM D	30049099	26DD015	03/28	1	1 x 1	245.00	245.00
DR CROWN SOFTSWAB		052AT25	05/28	1	1 x 1	75.00	74.00
STERILE WATER 10 ML -		WHE0205	04/28	5	10 ML	2.70	13.50
EYE SHIELD 1 NOS		GOLD	05/29	1	1 x 1	18.75	18.75
ROYAL SANITIZER	3004	SS234	04/29	1	1 x 1	60.00	55.00
PAPER TAPE DR CROWN	3005	2510607	05/28	1	1 x 1	71.25	71.25

Total No. of Products :- 8

Amt. In Words : **FIVE HUNDRED AND TWENTY RUPEES AND SEVEN FOUR PAISE ONLY**

Credit Bal. : 0.00

Payment Mode : **UPI**

GROSS	501.65
DISCOUNT	6.00
TAX	25.08
NET AMT.	**521.00**

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