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	SHANKAR PALASKAR	**Invoice No.**	AM/C414/26/1598
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
LOTEL OINTMENT - AJA	30049099	I435	01/28	1	1 x 1	217.00	217.00
ERPTOL	30043200	26DD013	03/28	1	1 x 1	190.00	190.00
LUBIMOIST - MAN		B4MVZ005	06/27	1	10 ML	328.96	328.96

Total No. of Products :- 3

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

GROSS	700.92
DISCOUNT	0.00
TAX	35.04
NET AMT.	**736.00**

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