



## Invoice

Invoice No.: **MSI024**

Date: **20-11-2023**

Patient Name: **Guest Patient**

Patient Code: **Guest Patient**

Medicine Name	Qty	Amt	Mfd	Expd
Ashwagandha	1	147.00	01-01-2023	01-01-2023

Subtotal : 147.000 /-

Tax Amount : 26.460 /-

**Total Amount : 173.460 /-**

Discount Amount : 5.204 /-

**Payable Amount : 168.256 /-**

Thank you for choosing our services. Your satisfaction is our priority.