



## Invoice

Return Invoice No.: **MSR017**

Date: **06-12-2023**

Patient Name: **Guest Patient**

Patient Code: **Guest Patient**

Medicine Name	Qty	Amt
ARAGWADHARISHTAM 450ML	1	250.00

Subtotal : 250.00

Tax Amount : 30.00

**Total Amount : 280.00**

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