



## Invoice

Invoice No.: **MSI044**

Date: **03-02-2024**

Patient Name: **Jinsi**

Patient Code: **PAT004**

Medicine Name	Qty	Amt	Mfd	Expd
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Subtotal : 750.000 /-

Tax Amount : 135.000 /-

**Total Amount : 885.000 /-**

Discount Amount : 1.000 /-

**Payable Amount : 876.150 /-**

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