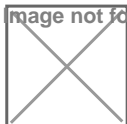


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Invoice

Return Invoice No.: **MSR002**

Date: **07-11-2023**

Patient Name: **Sangeetha**

Patient Code: **PAT031**

Medicine Name	Qty	Amt
Ashwagandha	1	147.00
Aspirin	3	750.00

Subtotal : 897.00

Tax Amount : 116.46

Total Amount : 1,013.46

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