

# PHARMACY INVOICE

**PharmaAI Management System**

123 Medical Street, Healthcare District

Phone: +91 1234567890 | Email: info@pharmaai.com

GSTIN: 29ABCDE1234F1Z5

Invoice Number: INV-1766751840173-469      Customer Name: vinayak  
Invoice Date: 26-Dec-2025 05:54 PM      Phone:  
Payment Method: CASH  
Payment Status: PAID

## ITEMS

#	Medicine Name	Quantity	Unit Price	Total
1	A-Ret 0.05% Gel	1	■63.09	■63.09

Subtotal: ■63.09

Tax (10%): ■6.31

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**TOTAL AMOUNT: ■69.40**

Thank you for your business!  
This is a computer-generated invoice and does not require a signature.