

PHARMACY INVOICE

PharmaAI Management System

123 Medical Street, Healthcare District

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

GSTIN: 29ABCDE1234F1Z5

Invoice Number: INV-1766597765104-792 Customer Name:
Invoice Date: 24-Dec-2025 11:06 PM Phone:
Payment Method: CASH
Payment Status: PAID

ITEMS

#	Medicine Name	Quantity	Unit Price	Total
1	A-Ret 0.025% Gel	1	■483.76	■483.76

Subtotal: ■483.76

Tax (10%): ■48.38

TOTAL AMOUNT: ■532.14

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