

# PHARMACY INVOICE

**PharmaAI Management System**

123 Medical Street, Healthcare District

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

GSTIN: 29ABCDE1234F1Z5

Invoice Number: INV-1766585032772-584

Customer Name: vinayak

Invoice Date: 24-Dec-2025 07:33 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

**TOTAL AMOUNT: ■69.40**

Thank you for your business!

This is a computer-generated invoice and does not require a signature.