

Name :

dsada

Date :

13-11-2025

Consult Dr :

sadsa

Sex/Age :

Male/2 years

Medicine Detail

| S. No | Type | Name | Mrp | Tax | Tax Amt | Quantity | Varient | Discount | Total Amt |
|-------------------|---------|-----------|-------|-----|---------|----------|---------|----------|-----------|
| 1 | Tablets | dsa | ₹ 1.9 | 2% | ₹ 0.38 | 1Nos | - | 0 | ₹ 1.938 |
| Amount in words : | ONE | Sub Total | | | | | | ₹ 1.90 | |
| Payment Mode : | - | Discount | | | | | | ₹ 0 | |
| | | Total Tax | | | | | | ₹ 0.038 | |
| | | Total | | | | | | ₹ 1.94 | |

The above payment is made as per my requirement and with my full consent..