## **TAX INVOICE**

**INVOICE NO: AB0001** 

DATE: 21/12/2025



## **MEDICAL INVOICE**

ADDRESS: Suyog Medical Phone: 9100002345 | abc@gmail.com

GSTIN: ############ PAN NO. #########

Patient Name: -Priyanka Patil:

Adress: Pune, Maharashtra

Particulars (Descriptions & Specifications)	HSN / SAC Code	Qty	Rate	Amount
Paracetamol	29222933	2	100.00	400.00
Azithromycin	30042064	1	150	150
Antibiotics	29412010	1	200	200
		Total		750.00
	I	CGST @	2.5%	18.75
Warranty related Terms & Conditions 1.		SGST @	2.5%	18.75
2. 3.		<b>Grand Total</b>		₹787.5

<u>Total Amount (INR - In Words)</u>: Seven Hundred and Eighty Seven Only.