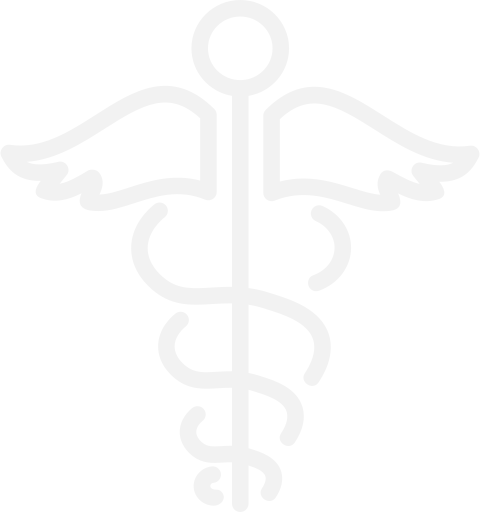
|  |  |
| --- | --- |
| **TAX INVOICE** | **INVOICE NO: AB0001 DATE: 21/12/2025** |

MEDICAL INVOICE

ADDRESS: Suyog Medical Phone: 9100002345 | [abc@gmail.com](mailto: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** |
|  | | **CGST @** | **2.5%** | **18.75** |
| **SGST @** | **2.5%** | 18.75 |
| **Grand Total** |  | **₹787.5** |



**Warranty related Terms & Conditions**

**1.**

**2.**

**3.**

**4.**

***Total Amount (INR - In Words):*** Seven Hundred and Eighty Seven Only.

**Signature**