

PharmaGenie

TAX INVOICE

Invoice Number: INV-0010
Invoice Date: 2026-02-28 11:07:53

Customer Details

Name	Priya Nair
Phone	9874216482
Email	priya@email.com
Age	N/A

Medicine Details

Medicine	Expiry	Qty	Unit Price	Subtotal
Paracetamol 500mg	N/A	1	47.00	47.00

Subtotal	47.00
GST (18%)	8.46
Grand Total	55.46

Authorized Pharmacist Signature