Claimed for Mational Insurance Co. Lt under Infosys Simited Policy 9 Com Dennis S. Sathir 16/12

## GIRIVAAS DENTAL CLINIC

46/5,K.M.R.S Complex, Muthananthapuram 1St Street Kovilpatti - 628 502

Phone No.: 04632-222247,222257, 94431 73754

CASH BILL

No.: 1804 Date: 15/11/2024 06:28 PM

To : MS SARUMATHI S

10 этихэних гих			
Drug Name	Rate	Qty	Amount
TAB MOX CV 625	20.48	10	204.84
TAB TRYPKEMBR	22.00	6	132.00
TAB ANTIFLAME	5.50	10	55.00
TAB METROGYL 400	1.70	10	17.02
TAB PANTAKIND 40	5.14	10	51.40
TAB OLEX	6.00	10	60.00
BETAKIND GARGLE 2%	133.10	1	133.10
HEALTH OK SACHET	35.00	1	35.00
		_	688.36
ROUNDED-OFF			-0.36

TOTAL

Rs. 688.00

உங்கள் விழிப்புணர்வே! எங்கள் வெற்றி!! Claimed for Mational InsuranceCo.Lt under Infosys Limited Policy (8)

Co D Co S. Saft.

GRIVAAR DENTAL CLINIC



## GIRIVAAS DENTAL CLINIC

46/5,K.M.R.S Complex, Muthananthapuram 1St Street Kovilpatti - 628 502

Phone No.: 04632-222247,222257, 94431 73754 CASH BILL

Date: 30/11/2024 11:32 AM No.: 1905

: MS SARUMATHI S To

Drug Name	Rate	Qty	Amount
TAB MOX CV 625	20.48	10	204.84
TAB TRYPKEMBR	22.00	6	132.00
TAB ANTIFLAME	5.50	10	55.00
TAB METROGYL 400	1.70	10	17.02
TAB ROBIWEL 20	6.60	10	66.00
CAP Z PLEX	5.00	10	50.00
HEALTH OK SACHET	36.00	- 1	36.00
			560.86
ROUNDED-OFF			0.14

TOTAL

Rs. 561.00

உங்கள் விழிப்புணர்வே! எங்கள் வெற்றி။