

Sr. No.: 1377

Date: 03/07/21

Patient Name.....

Dr. Name.....

State Code: GSTIN/Unique

Order No.:

Qty.	Particulars	Batch Number & Exp. Date	Amount Rs. P.
1	Hrstefee Sfr	507	109
1	Cabloblast Pg	009	160
1	Cabloblast A	212	235
TOTAL			500

Amount In Words: Rs..... 1500..... Unesco..... Outfit.....

E.&O.E.

1. Goods once sold will not be taken back.
2. Interest @24% per annum will be charged if bill is not paid within 7 days.
3. We can not accept any claim of shortage acceptable after despatch of goods.
4. All Disputes Subject
5. Medicine, sold will neither be

For - C