

KPSS MED RET

Original

Address Line 1 Address Line 2 City State Pin

TAX INVOICE

CashMemo: SLTC000001 Date : 23.08.2017 PHONE:-Pnone 1 ,Phone 2

Patient.: P Name Dr.: Doctor 1

| Qty. | Description | Mfg. | Pack | Batch.No | Exp.Dt. | Amount |
|------|-------------|------|-------|----------|---------|--------|
| 6 | A TO Z TAB | | 1 TAB | 134343 | 02/2019 | 21.00 |

GSTIN No.: GSTIN NUMBER Basic Total 21.00
D.L.No.:Drug Lic No.1 **NET TOTAL: 21.00**
Drug Lic No.2
Invoice/General Note 1
Invoice/General Note 2 For, KPSS MED RET
* Subject to Local City Jurisdiction
* E.& O.E.