

ZEDSON PHARMACY

SHOP NO-19, MCD PARKING, ASAF ALI ROAD,

OPP. GB PANT HOSPITAL, NEW DELHI-110002

Phone : 9811731473

E-Mail : zedsonpharmacy@gmail.com

Patient Name : DR SHOAB

Mobile No : 8076864768

Patient Address :

Dr Name : LOK NAYAK HOSPITAL

Dr Reg No.

GSTIN : 07AACFZ5966E1ZU

D.L. No. : DL-MTM-134206-09,20,21,20B,21B

GST INVOICE

Invoice No. :CO ,001246

Date: 22-07-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	AEROMIST ADULT NEBU KIT	1*1	3004	G244AHJI	12/28	3	572.00			514.80

Terms & Conditions

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E.&O.E.

Remark :

Rs. Five Hundred Fifteen Only

For ZEDSON PHARMACY

Authorised Signatory

MRP TOTAL	1716.00
DIS 0.00%	1201.20

GRAND TOTAL	515.00
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