

**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 SHOAIB**

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. ZEDS021314 Date: 21-02-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	NITROVIR INJ	1*5AMP	3004	OI-72	8/24	5	40.80			179.52
2.	SODIUM BICARBONATE (RATHI)	25ML	3004	ST-234	8/25	5	35.00			122.50

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E &amp; O.E.

Remark :

Rs. Three Hundred Two Only

For ZEDSON PHARMACY

Authorised Signatory

<b>MRP TOTAL</b>	<b>379.00</b>
DIS 0.00%	76.98

<b>GRAND TOTAL</b>	<b>302.00</b>
--------------------	---------------