

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. Z-001699

Date: 11-09-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	LOXICARD IV	50ML	3004	KM238016	4/25	4	59.80			215.28
2.	DILZEM I.V.	5ML	3004	K222K005	1/25	2	19.58			35.24

MRP TOTAL 278.36
DIS 0.00% 27.84

Terms & Conditions

Goods once sold will not be taken back or exchanged.
All disputes subject to DELHI Jurisdiction only.
E.&O.E.

For ZEDSON PHARMACY

Remark :

Authorised Signatory

GRAND TOTAL 251.00

Rs. Two Hundred Fifty One Only

Total Invoice Value in (words) *Six hundred only*

Total Amount Before Tax

600