

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. : C0 ,002106

Date: 29-07-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	ATROPINE SULPHATE INJ	1ML	3004	AT-170	3/25	10	4.50			40.50
2.	DOPAR	5*5ML	3004	IDPHA1305	4/25	2:0	24.99			42.48
3.	LOX 2% JELLY	1*30GM	3004			1	37.95			32.26

Terms & Conditions

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E.&O.E.

Remark :

Rs. One Hundred Fifteen Only

For ZEDSON PHARMACY

Authorised Signatory

MRP TOTAL

132.93

DIS 0.00%

17.69

GRAND TOTAL

115.00