



Sharda Hospital and Neuro Trauma Centre

B.36/43-56,Brahmanand Nagar,Durgakund | varanasi city

ventexint@gmail.com | 9335078399

Date : 12/11/2021

Invoice Number : **80**

UHID : 13533

Name : **Harishankar**

Age: 1998-04-13

SEX : **Male**

Medication Details	Quantity	Price
Name : M-VIM FORTE Dose : 100 Category : Capsule Batch No : SOFO06C	12	216
Name : OXYZING Dose : 250 Category : Capsule Batch No : AOH 01	14	112

Amount In Word: **Rupees two hundred and ninety five Only**

Payment Mode : **Card/Paid**

Total Bill : 328

Discount : **10 %**

Grand Total : **295.2**

Note

1. Kindly check expiry date, MRP and batch number before leaving the counter
2. Return of medicine will be done as per return policy displayed on counter
3. Billing include taxes
4. Please carry the original slip, at the time of return of medicine.