PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)
Address : Brahmpura, Muzaffarpur, Bihar (842003)
E-mail: prasadhospitalmuzaffarpur@gmail.com | Website: www.prasadhospital.org
Phone : 9570996625/40

Cash Bill OP — **DUPLICATE**

UHID	: 1000042700	Bill No	:	OPCA/25-26/71799
Patient Name	: Mrs. SADHANA KUMARI	Bill Date/Time	:	05/12/2025 12:12PM
Gender/Age	: Female/53 Yr 0 Mth 10 Da	Payer	:	CASH
Contact No	:	Presc. Doctor	:	Dr. EMERGENCY DEPT
Address	: [illegible] SAIDPUR , Sitamarhi, BIHAR, INDIA			

Referred By : Self
Lab No/Ris No : 51296

2:00 PM

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	COMPLETE BLOOD COUNT(CBC)	350.00	1.00	350.00	0.00	350.00	350.00	0.00
2	KIDNEY FUNCTION TEST(KFT)	800.00	1.00	800.00	0.00	800.00	800.00	0.00

Gross Amount	1150.00
Net Amount	1150.00
Payer Amount	0.00
Patient Amount	1150.00
Amt Received (Rs.)	1150.00

Payment Mode By ONLINE PAYMENT:
1150.00 HDFC Bank 3642

Printed Date:05/12/2025

PRASAD HOSPITAL

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)
Address : Brahmpura, Muzaffarpur, Bihar (842003)
E-mail: prasadhospitalmuzaffarpur@gmail.com | Website: www.prasadhospital.org
Phone : 9570996625/40

Cash Bill OP

DUPLICATE

UHID	: 1000042700	Bill No	:	OPCA/25-26/71982	
Patient Name	: Mrs. SADHANA KUMARI	Bill Date/Time	:	05/12/2025 5:05PM	
Gender/Age	: Female/53 Yr 0 Mth 10 Da	Payer	:	CASH	
Contact No		Presc. Doctor	:	Dr. DHARMENDRA PRASAD MBBS, MD (MEDICINE), DM(NEPHROLOGY)	
Address	: [illegible] SAIDPUR, Sitamarhi, BIHAR, INDIA				
Referred By	: Self				
Lab No/Ris No	:				

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	Dialysis Single (F6) (D. DHARMENDRA PRASAD)	2800.00	1.00	2800.00	0.00	2800.00	2800.00	0.00

Payment Mode By ONLINE PAYMENT:
2800.00 HDFC Bank 3647

Gross Amount	2800.00
Net Amount	2800.00
Payer Amount	0.00
Patient Amount	2800.00
Amt Received (Rs.)	2800.00

Printed By:MEERA

Prepared By:MEERA BHARTI

Printed Date:05/12/2025

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)

Brahmpura, Muzaffarpur, Bihar (842003)
Phone: 9631161161, Email: prasadhospitalmuzaffarpur@gmail.com

Pan No:AAHCP7189F GSTIN : 10AAHCP7189F1ZD DL NO : BR-MUZ-206832/33

OP Bill Sale(Cash Memo)

Bill No : 25-26/115617
Patient Name : MRS. SADHANA KUMARI (ADMITTED IPNO. : 25-26/9515)
Bill Date : 28/11/2025 4:34PM
Age/Gender : 53 Year Female

Prescribed By : Dr. DHARMENDRA PRASAD
UHID : 1000042700
Store Name : PHARMACY

SNo	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
1	MEROPLAN 500MG INJ	30042019	ZEL0096	03/2027	2	2.50	2.50	0.00	772.37	1544.74
2	PANTOCID IV 40MG INJ	300490	NPB00055	01/2027	1	2.50	2.50	0.00	52.97	52.97
3	ONDAFINE INJ	30049039	NL2522508	08/2027	2	2.50	2.50	0.00	12.72	25.44
4	FRUCENIC AMP	30049079	L1752414B	07/2026	4	2.50	2.50	0.00	7.21	28.84
5	HISONE 100MG INJ	3004	PHISAP507	07/2027	2	2.50	2.50	0.00	47.81	95.62
6	NS 9% IV 100ML(PLASTIK)	9021	5AA01015	06/2028	2	2.50	2.50	0.00	47.10	94.20
7	DISPOVAN 10 ML	9021	3281[illegible]2JD1	06/2028	3	2.50	2.50	0.00	13.13	39.39
8	DISPOVAN 3ML	9021	5003[illegible]SD	01/2028	2	2.50	2.50	0.00	6.56	13.12
9	DISPOVAN 5 ML	9021	526051NH1	05/2030	4	2.50	2.50	0.00	7.03	28.12
10	ANADE 1000 [illegible] INJ	30021500	10990054	02/2028	1	2.50	2.50	0.00	2066.25	2066.25
11	KIT KAT 22 (HMD)	9018	31451N	03/2028	1	2.50	2.50	0.00	169.13	169.13
12	EASY FIX	3004	AWP-3230	08/2026	1	2.50	2.50	0.00	67.03	67.03
13	DUOLIN RESPULES	3004	5SA1310	05/2027	5	2.50	2.50	0.00	25.71	128.55
14	BUDECORT RESPULES (0.5MG)	3004	5SA1019	04/2027	5	2.50	2.50	0.00	25.42	127.10

CGST:	Amt. 106.70
SGST:	Amt. 106.70

Mode Name	Amount
ONLINE PAYMENT	4481.00

Gross Amount :	4480.50
Discount Amt :	0.00
Round off Amt :	0.50
Net Amount :	4481.00

eceived an amount of (Rs.) Four Thousand Four Hundred Eighty
nd Paise Fifty only.

Exchange is allowed within 15 days from the date of purchase.
Original bill must be presented at the time of exchange
lease check the details of the medicine before leaving.Company does not owe any
sponsibility
or free home delivery of medicine,please call or whatsapp on 9631161161
inimum order value of Rs 1,000/-
elivery Area should be in the radius of 5KM

Signature

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)
Brahmpura, Muzaffarpur, Bihar (842003)
Phone : 9631161161, Email : prasadhospitalmuzaffarpur@gmail.com

Pan No :AAHCP7189F GSTIN : 10AAHCP7189F1ZD DL NO : BR-MUZ-206812/33

OP Bill Sale(Cash Memo)

Bill No : 25-26/113764
Bill Date : 25/11/2025 4:15AM
Patient Name : MRS. SADHANA KUMARI (ADMITTED IPNO. : 25-26/9515)
Age/Gender : 53 Year Female
Prescribed By : Dr. DHARMENDRA PRASAD
UHID : 1000042700
Store Name : PHARMACY

SNo	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
1	KIT KAT 20 (HMD)	9018	1332G	07/2026	1	2.50	2.50	0.00	181.88	181.88
2	EASY FIX	3004	AWP-3230	08/2026	1	2.50	2.50	0.00	67.03	67.03
3	HI MASK (ADULT)	9018	G25I040015	08/2030	1	2.50	2.50	0.00	739.00	739.00
4	P- TOP 40 INJ	3004	G5PZ01E	09/2026	1	2.50	2.50	0.00	52.[illegible]	5[illegible]
5	ONDAFINE INJ	30049039	NL2522508	08/2027	1	2.50	2.50	0.00	[illegible]	12.72
6	LASIX INJ	3004	2125080	03/202[illegible]	1	2.50	2.50	0.00	12.76	12.76
7	DISPOVAN 10 ML	9021	3281027D[illegible]	[illegible]/2028	2	2.50	2.50	0.00	13.13	26.26
8	DISPOVAN 5 ML	9021	5[illegible]1NH	05/2030	2	2.50	2.50	0.00	7.03	14.06
9	[illegible]	9021	2513188F	05/2030	1	2.50	2.50	0.00	606.00	606.00
10	FOLEY'' CATHETER (14NO) POLYMED	90211000	2515324K	08/2030	1	2.50	2.50	0.00	249.38	249.38
11	DISPOVAN 20 ML	9021	542204JG2	09/2030	1	2.50	2.50	0.00	28.13	28.13
12	STERILE WATER 5ML	90211000	5DGP5131	11/2027	4	2.50	2.50	0.00	3.12	12.48
13	GLOVES 7NO (SURGICARE)	40151100	25J5154M	09/2030	1	2.50	2.50	0.00	91.00	91.00
14	LIDFAST 2% JELLY	3004	IS693	08/2027	1	2.50	2.50	0.00	34.56	34.56
15	ACTACREZ 2.25GM INJ	3004	2404009A	11/2026	1	2.50	2.50	0.00	1194.00	1194.00

CGST:	Amt. 79.11
SGST:	Amt. 79.11

Mode Name	Amount
ONLINE PAYMENT	3322.00

Gross Amount :	3322.23
Discount Amt :	0.00
Round off Amt :	-0.23
Net Amount :	3322.00

Received an amount of (Rs.) Three Thousand Three Hundred Twenty Two and Paise Twenty Three only.

* Exchange is allowed within 15 days from the date of purchase.
*Original bill must be presented at the time of exchange
*please check the details of the medicine before leaving Company does not owe any responsibility
*For free home delivery of medicine,please call or whatsapp on 9631161161
*Minimum order value of Rs 1,000/-
*Delivery Area should be in the radius of 5KM

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)

Brahmpura, Muzaffarpur, Bihar (842003)

Phone : 9631161161, Email : prasadhospitalmuzaffarpur@gmail.com

Pan No AABCP7189F GSTIN 10AABCP7189F1ZD DL NO BR-MZF-206812/11

OP Bill Sale(Cash Memo)

Bill No : 25-26/113772

Bill Date : 25/11/2025 5:49AM

Patient Name : MRS. SADHANA KUMARI (ADMITTED IPNO : 25-26/9515)

Age/Gender : 53 Year Female

Prescribed By : Dr. DHARMENDRA PRASAD

UHID : 1000042700

Store Name : PHARMACY

SNo	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
1	ECG LEED(KENY)	9018	34225808 GC	07/2027	10	2.50	2.50	0.00	25.00	250.00
2	COTTON 100 GM	9021	892	07/2028	1	2.50	2.50	0.00	150.00	150.00
3	SPIRIT 100ML	90211000	5436	06/2026	1	2.50	2.50	0.00	460.44	460.44
4	ADULT DIPPER (L)	9018	G25G0310 18	06/2028	1	2.50	2.50	0.00	557.00	557.00
5	BIPAP MASK (L) MEDISAFE	90191010	023	07/2027	1	2.50	2.50	0.00	4359.38	4359.38
6	MOXICIP IV	3004	5A40	03/2027	1	2.50	2.50	0.00	460.85	460.85
7	HISONE 100MG INJ	3004	PHISAP50 7	07/2027	1	2.50	2.50	0.00	47.81	47.81
8	NEBULISER MASK (ADULT) POLYMED	9018	1107224L	09/2029	1	2.50	2.50	0.00	586.88	586.88
9	DUOLIN RESPULES	3004	5SA1310	05/2027	5	2.50	2.50	0.00	25.71	128.55
10	BUDECORT RESPULES (0.5MG)	3004	5SA1019	04/2027	5	2.50	2.50	0.00	25.42	127.10
11	HOSPIMOL UB IV 100ML	3004	25442944	01/2027	1	2.50	2.50	0.00	284.06	284.06
12	LOOZ ENEMA	300490	L3025334	07/2027	1	2.50	2.50	0.00	520.00	520.00
13	GLOVES NON STR(SURGITEX STR)	40151100	KAM25007	03/2028	2	2.50	2.50	0.00	31.41	62.82
14	DISPOVAN 10 ML	9021	328102JD 1	06/2028	3	2.50	2.50	0.00	13.13	39.39
15	DISPOVAN 5 ML	9021	526051NH 1	05/2030	3	2.50	2.50	0.00	7.03	21.09
16	DISPOVAN 3ML	9021	540036NL 1	09/2030	3	2.50	2.50	0.00	7.00	21.00

CGST:	Amt. 182.76
SGST:	Amt. 182.76

Mode Name	Amount
ONLINE PAYMENT	7676.00

Gross Amount :	7676.37
Discount Amt :	0.00
Round off Amt :	-0.37
Net Amount :	7676.00

Received an amount of (Rs.) Seven Thousand Six Hundred Seventy Six and Paise Thirty Seven only.

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)

Brahmpura, Muzaffarpur, Bihar (842003)
Phone: 9631161161, Email: prasadhospitalmuzaffarpur@gmail.com

Pan No AARCP7189F GSTIN 10AARCP7189F1ZD DL NO BP-MUZ-206832/33

OP Bill Sale(Cash Memo)

Bill No : 25-26/118926
Bill Date : 05/12/2025 4:02PM
Patient Name : MRS. SADHANA KUMARI
Age/Gender : 53 Year Female
Prescribed By : Dr. DHARMENDRA PRASAD
UHID : 1000042700
Company Name : CASH
Store Name : PHARMACY

SNo	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
1	HEMODIALYSIS 2 LUMEN KIT (POLYMED)	9018	3018225A	12/2029	1	2.50	2.50	0.00	4571.25	4571.25
2	GLOVES 7NO (SURGICARE)	40151100	25J9072M	09/2030	3	2.50	2.50	0.00	91.00	273.00
3	DISPOVAN 10 ML	9021	328102JD1	06/2028	1	2.50	2.50	0.00	13.13	13.13
4	DISPOVAN 5 ML	9021	426056NK1	05/2029	2	2.50	2.50	0.00	7.03	14.06
5	LOX 2% VIAL	3004	SM144681	04/2027	1	2.50	2.50	0.00	33.1	33.1
6	SOFTSWAB (10*10)	90211000	082501BL	07/2027	4	2.50	2.50	0.00	75.00	300.00
7	MERSILK (2-0) NW 5036 (ETHICON)	30061010	[illegible]	[illegible]/2026	1	2.50	2.50	0.00	249.00	249.00
8	[illegible]	[illegible]	[illegible]50140	07/2027	1	2.50	2.50	0.00	102.50	102.50
9	[illegible]	90211000	5517	10/2026	1	2.50	2.50	0.00	60.00	60.00

CGST:	Amt. 133.71
SGST:	Amt. 133.71

Mode Name	Amount
ONLINE PAYMENT	5616.00

Gross Amount :	5616.25
Discount Amt :	0.00
Round off Amt :	-0.25
Net Amount :	5616.00

Received an amount of (Rs.) Five Thousand Six Hundred Sixteen and Paise Twenty Five only.

* Exchange is allowed within 15 days from the date of purchase.
*Original bill must be presented at the time of exchange
*please check the details of the medicine before leaving.Company does not owe any responsibility
*For free home delivery of medicine,please call or whatsapp on 9631161161
*Minimum order value of Rs 1,000/-
*Delivery Area should be in the radius of 5KM

Signature

User Name : Subhash Chandra

Printed By : SUBHASH Printed On : 05/12/2025 16:02 PM

PRASAD HOSPITAL

(A Unit of Prasad Ideal Healthcare Pvt. Ltd.)

Brahmpura, Muzaffarpur, Bihar (842003) 9570996625/40

GST No. 10AAHCP7189F1ZD

In Patient Bill

Original

I.P. No.	: 25-26/9515	Bill No.	: IPCA/25-26/71121
UHID	: 1000042700	Bill Date	: 02/12/2025 06:23 PM
Patient Name	: Mrs. SADHANA KUMARI	Consultant	: Dr. DHARMENDRA PRASAD
Gender/Age	: Female/53 Yr 0 Mth 7 Days	D.O.A	: 25/11/2025 3:55 AM
Contact No		D.O.D	: 02/12/2025 6:23 PM
Address	: RUNNI SAIDPURSitamarhi, BIHAR	Bed No/Ward	: 408/SINGLE NON AC
Payer	: CASH	Billing Category	: SINGLE NON AC
		Status	: Cured

S#	Particulars	Unit	Rate	Pat Amt	Payer Amt
1	**ACCOMODATION CHARGES**				
	ICU	2.00	4800.00	9600.00	0.00
	SINGLE NON AC	6.00	2700.00	16200.00	0.00
2	**CARDIOLOGY**				
	2D ECHO	1.00	1500.00	1500.00	0.00
	ECG	1.00	300.00	300.00	0.00
3	**EQUIPMENT CHARGES**				
	BiPAP/CPAP-DAY	1.00	2500.00	2500.00	0.00
	NEBULIZER	19.00	300.00	5700.00	0.00
4	**IPD CHARGES**				
	ABG	1.00	1500.00	1500.00	0.00
	Catheterization	1.00	500.00	500.00	0.00
	NURSING CHARGES	8.00	300.00	4200.00	0.00
	Oxygen Charges	33.00	175.00	5775.00	0.00
	Physiotherapy	2.00	500.00	1000.00	0.00
	RBS	7.00	100.00	700.00	0.00
5	**IPD VISIT**				
	Dr. DHARMENDRA PRASAD	8.00	600.00	5600.00	0.00
	Dr. ZEESHAN AHMED MUMTAZ	1.00	600.00	600.00	0.00
6	**LABORATORY**	18.00	11540.00	11540.00	0.00
7	**RADIOLOGY**				
	X-Ray Chest PA View	2.00	500.00	1000.00	0.00
			68215.00	**68215.00**	**0.00**

Bill Settled

GROSS AMOUNT	**68215.00**
DISCOUNT AMOUNT(-)	**3215.00**
NET AMOUNT	**65000.00**
AMOUNT RECEIVED	**65000.00**
BALANCE	**0.00**

Amount to be received (Rs.) only .

Discount Remark:

Advance/Payment Details

Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode
AD/25/16418(Settled)	02/12/2025 18:20	40000.00	40000.00	Cash,24500.00; ONLINE PAYMENT,15500.00

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)

Brahmpura, Muzaffarpur, Bihar (842003)
Phone 9631161161, Email prasadhospitalmuzaffarpur@gmail.com

Pan No AAHCP7189F GSTIN 10AAHCP7189F1ZD DL NO BR-MUZ-206932/33

OP Bill Sale(Cash Memo)

Bill No : 25-26/113837
Patient Name : MRS SADHANA KUMARI (ADMITTED IPNO : 25-26/9515)
Bill Date : 25/11/2025 11:02AM
Age/Gender : 53 Year Female
Prescribed By : Dr. DHARMENDRA PRASAD
UHID : 1000042700
Store Name : PHARMACY

SNo	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
1	ZAXTER 1GM INJ	3004	25461412	07/2027	1	2.50	2.50	0.00	1000.36	1000.36
2	LASIX INJ	3004	2125080	03/2028	1	2.50	2.50	0.00	12.76	12.76
3	ONDAFINE INJ	30049039	NL2522508	08/2027	1	2.50	2.50	0.00	12.72	12.72
4	HISONE 100MG INJ	3004	PHISAP507	07/2027	1	2.50	2.50	0.00	47.81	47.81
5	HOSPIMOL UB IV 100ML	3004	25442944	01/2027	1	2.50	2.50	0.00	284.06	284.06
6	ECOSPRIN GOLD 20MG CAP	3004	EGTC25028	09/2026	5	2.50	2.50	[illegible]	[illegible]	[illegible]
7	NS 9% IV 100ML(PLASTIK)	9021	5AA01015	06/2026	1	2.50	[illegible]	0.00	47.10	47.10
8	MICRO-DUO CLEAR (POLYMED)	901890	0381250	03/2030	1	2.50	2.50	0.00	609.00	609.00

CGST:	Amt. 49.39
SGST:	Amt. 49.39

Mode Name	Amount
Cash	500.00
ONLINE PAYMENT	1575.00

Gross Amount :	2074.61
Discount Amt :	0.00
Round off Amt :	0.39
Net Amount :	2075.00

Received an amount of (Rs.) Two Thousand Seventy Five only.

* Exchange is allowed within 15 days from the date of purchase.
*Original bill must be presented at the time of exchange
*please check the details of the medicine before leaving.Company does not owe any responsibility
*For free home delivery of medicine,please call or whatsapp on 9631161161
*Minimum order value of Rs 1,000/-
*Delivery Area should be in the radius of 5KM

Signature

User Name : **Mukund Kumar**

Printed By : MUKUND

Printed On : 25/11/2025 11:02 AM

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)
Address : Brahmpura, Muzaffarpur, Bihar (842003)
E-mail: prasadhospitalmuzaffarpur@gmail.com | Website: www.prasadhospital.org
Phone : 9570996625/40

Cash Bill OP — ORIGINAL

UHID	: 1000042700	Bill No	:	OPCA/25-26/71989
Patient Name	: Mrs. SADHANA KUMARI	Bill Date/Time	:	05/12/2025 5:38PM
Gender/Age	: Female/53 Yr 0 Mth 10 Da	Payer	:	CASH
Contact No	:	Presc. Doctor	:	Dr. DHARMENDRA PRASAD MBBS, MD (MEDICINE), DM(NEPHROLOGY)
Address	: KUNNI [illegible]UR , Sitamarhi, BIHAR, INDIA			
Referred By	: Self			
Lab No/Ris No	:			

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	CONSULTATION DAY (Dr. DHARMENDRA PRASAD)	600.00	1.00	600.00	0.00	600.00	600.00	0.00

Payment Mode By ONLINE PAYMENT:
600.00 HDFC Bank 5001

Gross Amount	600.00
Net Amount	600.00
Payer Amount	0.00
Patient Amount	600.00
Amt Received (Rs.)	600.00

Printed By:MEERA | Prepared By:MEERA BHARTI | Printed Date:05/12/2025

TAX INVOICE

PRASAD HOSPITAL(A unit of Prasad Ideal Healthcare Pvt. Ltd)

Brahmpura, Muzaffarpur, Bihar (842003)
Phone: 9631161161, Email: prasadhospitalmuzaffarpur@gmail.com

Pan No:AAHCP7189F GSTIN : 10AAHCP7189F1ZD DL NO :BR-MUZ-206832/33

OP Bill Sale(Cash Memo)

Bill No : 25-26/116482
Patient Name : MRS. SADHANA KUMARI (ADMITTED IPNO. : 25-26/9515)
Prescribed By : Dr. DHARMENDRA PRASAD

Bill Date : 30/11/2025 6:16PM
Age/Gender : 53 Year Female
UHID : 1000042700
Store Name : PHARMACY

No	Particulars	HSN Code	Batch	Expiry	Qty	CGST%	SGST%	Dis.	MRP	Amount
	MEROPLAN 500MG INJ	30042019	ZEL0096	03/2027	2	2.50	2.50	0.00	772.37	1544.74
	NS 9% IV 100ML(PLASTIK)	9021	5AA01015	06/2028	2	2.50	2.50	0.00	47.10	94.20
	PANTOCID IV 40MG INJ	300490	NPB00055	01/2027	1	2.50	2.50	0.00	52.97	52.97
	ONDAFINE INJ	30049039	NL2522508	08/2027	2	2.50	2.50	0.00	12.72	25.44
	LASIX INJ	3004	2125109	05/2028	1	2.50	2.50	0.00	12.76	12.76
	HISONE 100MG INJ	3004	PHISAP57	07/2027	2	2.50	2.50	0.00	47.81	95.62
	DISPOVAN 10 ML	9021	2102JD	06/2028	3	2.50	2.50	0.00	13.13	39.39
	DISPOVAN 5 ML	9021	526051NH1	05/2030	2	2.50	2.50	0.00	7.03	14.06
	DISPOVAN 3ML	9021	350032SD1	11/2028	2	2.50	2.50	0.00	6.56	13.12
0	DUOLIN RESPULES	3004	5SA1310	05/2027	5	2.50	2.50	0.00	25.71	128.55
1	BUDECORT RESPULES (0.5MG)	3004	5SA1019	04/2027	5	2.50	2.50	0.00	25.42	127.10
2	EMPAONE 10MG TAB	3004	BRF06065A	05/2029	5	2.50	2.50	0.00	11.72	58.60
3	ECOSPRIN GOLD 20MG CAP	3004	EGTC25028	09/2026	5	2.50	2.50	0.00	12.16	60.80

GST:	Amt. 53.99
GST:	Amt. 53.99

Mode Name	Amount
ONLINE PAYMENT	2267.00

Gross Amount :	2267.35
Discount Amt :	0.00
Round off Amt :	-0.35
Net Amount :	2267.00

eceived an amount of (Rs.) Two Thousand Two Hundred Sixty even and Paise Thirty Five only.

Exchange is allowed within 15 days from the date of purchase.
Original bill must be presented at the time of exchange
lease check the details of the medicine before leaving.Company does not owe any sponsibility
or free home delivery of medicine,please call or whatsapp on 9631161161
Minimum order value of Rs 1,000/-
Delivery Area should be in the radius of 5KM

Signature

User Name : SACHIN KUMAR

B.K PHARMA
CHANAKYAPURI WARD NO-1 BRAHAMPURA
MUZAFFARPUR BIHAR-842001
Phone: 7654407960
E-Mail: dharmendrapd@gmail.com

Patient Name : SADHANA KUMARI
Patient Address :
Dr Name :
Dr Reg No.

GSTIN 10EMIPK4164D1ZG
D L NO BR-MUZ-170934/170935

GST INVOICE

Invoice No. : A008718 Date: 19/11/2025

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1	REVAZOL DSR	1*10	3004	C-2507006	12/26	1:5	159.59	159.59	2.50	2.50	239.39
2	ONDEM-MD 4 TAB	1*10TAB	3004	0928	2/27	3:0	54.85	54.85	2.50	2.50	164.55
3	DYTOR-20 TAB	1*15TAB	3004	N0991	3/28	2:0	209.15	209.15	2.50	2.50	418.30
4	BUN-PRO FROTE	1*10	3004	0430	1/27	1:5	815.00	815.00	2.50	2.50	1222.50
5	GEROZ-LP TABS NEW	1*10	3007	5422A	6/27	1:5	269.17	269.17	2.50	2.50	403.75
6	CILANEXT TABS	1*10	3003	LDGAB01	4/26	3:0	106.0	106.0	2.50	2.50	318.09
7	ARKAMIN 0.1	1*30	3003	2M019	2/27	1:0	90.38	90.38	2.50	2.50	90.38
8	FEBENEX 40 TABS	1*10	2106	8AC02	10/26	3:0	120.00	120.00	2.50	2.50	360.00
9	PACITANE TAB	1*30	3002	49	7/28	0:15	43.49	43.49	2.50	2.50	21.75
10	DARBECURE 40	1S	300	2	6/28	1	2200.00	2200.00	2.50	2.50	2200.00
11	LARINJECT VIAL	VIAL	300	3502	4/27	1	1973.44	2100.00	2.50	2.50	2100.00

GST 6456.72*2.5+2.5%=161.43SGST+161.43CGST.

SUB TOTAL	7179.73
Discount	5.83
Discount 10 %	753.31
SGST 2.5 %	161.43
CGST 2.5 %	161.43
Roundoff	0.42
GRAND TOTAL	6780.0

Terms & Conditions

For B.K PHARMA

Remark :

Authorised Signatory

Rs. Six Thousand Seven Hundred and Eighty only