

OUT INVOICE/JUGH MEMO

ORIGINAL

7A

1. 品名
 2. 数量
 3. 単位
 4. 価格
 5. 金額
 6. 備考
 7. 引当金
 8. 消費税
 9. 合計
 10. 支払期
 11. 支払条件
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PRESCRIPTION SLIP

Name :- Mrs: Anida Choudhary UHID. No.
O.P.D./Ward

Rx. OPW - 406

- Annie French - (3)
Ij. Cefotaxime 1gm - (4)
Ij. Metrogyl - (3)
DNS 500 ml - (2)
IV set - (1) ↓
IV cannula no: 20 - (2)
Tegaderm - (2)
Syringe 1 cc - (2)
Syringe 10 cc - (3)
T. Dulcolax - 4 tabs
T. Alprax 0.5mg - 2 tabs
T. Rantac 150mg - 2 tabs

ओ माओ विओ संओ अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Amita

UHID. No.

O.P.D./Ward

Rx.

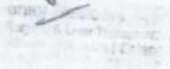
OPW / 406

1. Pantop 40mg - (10)

Abdominal Binder - (1)

2. Diclofenac 50mg - (2)



Dr. 

✓

For Billing Purposes Only - GST Invoice, Receipt, Voucher

GST INVOICE/CASH MEMO

ORIGINAL

FORWARDHANI PHARMACEUTICALS
 LIBRALET & DISTRIBUT.
 32/1-2, BANGSANT NERF SWAL,
 NEW DELHI-110016
 Phone : 9712675047, 9013899927
 B.L.No. : 81826114 R/W

Inv.No. : RT-0012493 DATE : 31/07/2018
 Name: ANITA CHEEMNEY
 Add. : DS/TO/7

Dr. : AIMS

QTY	PACK	DESCRIPTION	M.R.P.	NET WT	EXP	EST %	TAX	DIS	AMOUNT
4,000	10	a INJIN 10 INJ	34.87	100.00	8/20	12.0	30.00	0.00	120.00
4,000	10	b METRODINIZOLE 100M	13.18	100.00	12/19	12.0	13.00	0.00	52.00
2,000	10	a PANTOCIC 40MG INT	44.24	100.00	4/19	12.0	30.00	0.00	60.00
4,000	1	b PCM 10M INT	313.00	100.00	11/19	12.0	200.00	0.00	800.00
1,000	1	c URO FETER TABLET	244.00	100.00	8/21	5.0	200.00	0.00	200.00
1,000	1	e STEAM SHOWER WALL	440.00	100.00	8/21	12.0	150.00	0.00	150.00
1,000	1	b INJECTIVE 5-IMPJET	390.00	100.00	8/22	12.0	150.00	0.00	150.00
1,000	1	c SPURIN 100	75.00	100.00		12.0	50.00	0.00	50.00

Rs. One Thousand Five Hundred Eighty Two Only

PLEASE PAY = 1582.-00

All disputes subject to Delhi Jurisdiction only
 Medicines without Batch No. & Exp.
 will not be taken back.

FOR FORWARDHANI PHARMACEUTICALS

Please consult Dr. Before using the medicines
 E & O.E.

अ० बा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Amrita Choudhary

UHID, No. 122862659

Age: 25/10/17

O.P.D./Ward

Rx.

1m Tannin gm — ④

1m Metrogyl 500mg — ④

1m Ferrous Sulfate — ②

1g Pepsin gm — ④

As Urinometer — ① V

Stool Culture — ①

Sputum Culture — ①

Sputum Mg — ①

DL No. 0111512819

GST INVOICE

QSRN : 01889892000



Safdarjung Medicos

Shop No. 5, Near Metro Station, Safdarjung Hospital
Gate No.2, New Delhi-29 (Opp. ARMS Entrance Gate-1)
For Enquiry No. 2 : 29152844 • Whatsapp & Order No. : 9268291414

PAYT

CASHY/CARD
AGREED
ALL DAY'S
OPEN



*We have your feedback considered near to the store premises.
Please bring this cash receipt for refund of medicines.

QTY	PARTICULARS	RETURN NO	EXP. DT	GST	AMOUNT	
C	IVVAPAR-1M3.		01034374	12/19	12.0	50.30
10	PANTOSEC 40MG TAB		4FB7370	08/19	12.0	110.00
1	ADD BINDER NERN 0601 L.		0601L	00/00	5.0	590.00

RETURNING TIME 2PM TO 4PM

Returning Time 02.00 P.M. 04.00 P.M. Only

ZAFAR AHMED

BILL NO. : 114308 DATE 02/08/18 Total 660.30

PATIENT NAME : ANITA GST 20.49
ADDRESS : CGST 20.49

Pres. by Dr.1 Sign. 1

1. Cutting Strip will be not return back.
2. No Return No Exchange.
3. All discounts subject to Delhi Jurisdiction.
4. House Delivery time available.

Grand Total 660.00

L.S. GILL

Dr. Rajni Mittal, Software 1001, Ex. 111-268900, New Delhi, India

GST INVOICE/CASH MEMO

ORIGINAL
10

RAJINI MITTAL PHARMACEUTICALS
Chemist & Druggist,
52/1-2, BAGESHRI MGF SMOA,
NEW DELHI-110016
Phone : 9717675007, 9013888927
E-Mail : jmittal@rajini.com
GST No. J 02MFS1393174

Inv. No. : RT-0012727 DATE : 02/08/2018
Name: ANITA CHELLETTY
Add: 608 QLD

Dr. P. ALIMS

QTY.	PACK	PARTICULARS	UNIT	PRICE	AMOUNT	TAX	DIS	AMOUNT
2.000	1000ML	6 HARTSH 70003	1000ML	1096.87	2193.74	12.0	2300.00	0.00
		1000 b LORFIN 2003 INJ	1000	310.00	310.00	5.0	200.00	0.00
					520	5.0	200.00	0.00

Net Total

2703.74

310.00

3413.74

3413.74

INVOICE
No. RT-0012727
Date: 02/08/2018
Total Amount: 3413.74
GST: 12.00

PLEASE PAY = 2700.00

for RAJINI MITTAL PHARMACEUTICALS

Please consult Dr. Poreore using the medications.
E-8888

Rs. Two Thousand Seven Hundred Only
All dispatches subject to DELHI Jurisdiction only
Medicine without Batch No. & Exp. will not be taken back.

ORIGINAL

11

OST INVOICE/CASH MEMO

FOR: **RAMJANI PHARMACEUTICALS**

Chemist & Druggist,
52/1-2, BROADWAY TOWER 94403,
NEW DELHI-110016

Phone : 271767647-901388927

D.J. No. : S/1226174 P/M

DEL No. : 07A49 P/388974

Inv. No. : RT-0012739 DATE : 02/08/2018
Name: MITA CHELSEA67
Add.: 406 OLD

Dr. : ALIMS

QTY.	PKT.	EXPIRY DATE	N.S.P.	SALES	E.P.	CR.	%	DATE	DIS.	AMT.
10,000	1	a	10.00	658873	3/22	12.0		5.00	0.00	90.00
30,000	1	a	6.50	632919	4/22	12.0		4.00	0.00	40.00
5,000	100	a	6.00	30368	8/21	12.0		4.00	0.00	20.00
1,000	1000	b	27.50	1605013026	4/20	12.0		20.00	0.00	32.00
4,000	1000	c	22.00	188	1/20	12.0		15.00	0.00	50.00
4,000	100	a	115.00	32563	3/22	12.0		80.00	0.00	100.00
2,000	1000	a	115.00	10012028	12/22	12.0		80.00	0.00	100.00
2,000	1000	a	115.00	17042234	3/22	12.0		80.00	0.00	100.00
2,000	100	d	66.00	801180706	12/20	12.0		80.00	0.00	100.00
1,000	9000	c	143.43	8-70372	5/20	5.0		125.00	0.00	125.00
2,000	1000	g	44.25	4872754	10/10	12.0		30.00	0.00	60.00

MSD-1002-C-204-A-203 RT-115-082-50-500-0001-0001-0001-0001-0001

Rs. Seven hundred Forty Seven Only

PLEASE PAY = 747-00

All medicines subject to DELHI Jurisdiction only.

Medicines without Batch No. & Exp. will not be taken back.

Please contact Mr. Arora using the address

for RAMJANI PHARMACEUTICALS