

<b>Clinic Name</b>	<b>LOGO</b>
Address :	
Phone No.:	
Email ID:	
GSTIN:	
State:	

<b>Tax Invoice</b>
--------------------

<b>Bill To:</b>		<b>Patient Name</b>	
Name:		Age:	
Address:		Blood Group:	
Contact No.:		<b>Invoice No.:</b>	
GSTIN No.:		<b>Date:</b> DD/MM/YYYY	
State:			

#	Service name	HSN	QTY	Unit	Price/Unit	Disc	GST	Amount
<b>Total</b>								

	<b>Sub Total:</b>
	Discount:
<b>Amount in words:</b>	SGST
	CGST
	<b>Total</b>
	Received
	Balance
	Payment Mode:
Company seal and Sign	