|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name** | | | | | | | **LOGO** | |
| Address : | | | | | | |
|  | | | | | | |
| Phone No.: | | | | | | |
| Email ID: | | | | | | |
| GSTIN: | | | | | | |
| State: | | | | | | |
|  | | | | | | | | |
| **Tax Invoice** | | | | | | | | |
|  | | | | | | | | |
| **Bill To:** | | | | | **Patient Name** | | | |
| Name: | | | | | Age: | | | |
| Address: | | | | | Blood Group: | | | |
|  | | | | |  | | | |
| Contact No.: | | | | | **Invoice No.:** | |  | |
| GSTIN No.: | | | | | **Date:** | | DD/MM/YYYY | |
| State: | | | | |  | | | |
|  | | | | | | | | |
| **#** | **Service name** | **HSN** | **QTY** | **Unit** | **Price/ Unit** | **Disc** | **GST** | **Amount** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total** | | |  |  |  |  |  |  |
|  | | | | | | | | |
|  | | | |  | **Sub Total:** | | |  |
| Discount: | | |  |
| **Amount in words:** | | | | SGST | | |  |
| CGST | | |  |
| **Total** | | |  |
| Received | | |  |
|  | | | | Balance | | |  |
| Company seal and Sign | | | | Payment Mode: | | |  |
|  | | | |
|  | | | |
|  | | | |
|  | | | | | | | | |