|  |
| --- |
| **Seller Name:** |
| Address: |
|  |
| Phone No.: |
| Email ID: |
| GSTIN: |
| State: |
|  |
| **Tax Invoice** |
|  |
| **Bill To:** | **Patient Name** |
| Name: | Age: |
| Address: | Blood Group: |
|  |  |
| Contact No.: | **Invoice No.:** | ABC-2022-0001 |
| GSTIN No.: | **Date:** | DD/MM/YYYY |
| State: |  |
|  |
| **#** | **Service name** | **HSN** | **QTY** | **Unit** | **Price/****Unit** | **Disc** | **GST** | **Amount** |
| 1 | Consultant Fee 1 | 1234 | 2 | 2 | 200.00 | 20 | 5% | 399 |
| 2 | Consultant Fee 2 | 1235 | 1 | 1 | 250.00 | 10 | 18% | 283.2 |
| 3 | Consultant Fee 3 | 1236 | 1 | 1 | 340.00 | 20 | 5% | 336 |
| 4 | Consultant Fee 4 | 1237 | 1 | 2 | 300.00 | 30 | 5% | 283.5 |
| 5 | Consultant Fee 5 | 1237 | 1 | 2 | 300.00 | 30 | 5% | 283.5 |
| 6 | Consultant Fee 6 | 1237 | 1 | 1 | 300.00 | 10 | 5% | 304.5 |
| 7 | Consultant Fee 7 | 1237 | 1 | 1 | 200.00 | 20 | 5% | 189 |
|  |  |  |  |  |  |  |  |  |
| **Total** | **8** |  |  | **140** | **128.70** | **2079** |
|  |
| **Amount in words:** |  | **Sub Total:** | **2090** |
| Discount: | 140 |
| SGST | 64.35 |
| CGST | 64.35 |
| **Total** | **2078.7** |
| Received | 2078.7 |
| Company seal and Sign | Balance | 0.00 |
| Payment Mode: |  |
|  |

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