|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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