|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic/Hospital Name:** | | | | | | | | | | **LOGO** | | |
| Address: | | | | | | | | | |
|  | | | | | | | | | |
| ZIP Code: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| GSTIN No.: | | | | | | | | | |
| DL. No.: | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Tax Invoice** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Reg. No.: | | | | | | | | Receipt No.: | |  | | |
| **Patient Name:** | | | | | | | | Date: | |  | | |
| Gender/Age: | | | | | | | | Lab No: | |  | | |
| Phone No.: | | | | | | | | Address: | | | | |
| Payer: | | | | | | | |  | | | | |
| Pres. Doctor: | | | | | | | |  | | | | |
| Referred By: | | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| **#** | **Particular** | | **HSN/SAC** | | **QTY** | | **Unit** | | **Price/ Unit** | | **Discount** | **Amount** |
| 1 | Service 01 | | 1234 | | 1 | | Days | | 200.00 | | 50 | 150 |
| 2 | Service 02 | | 1235 | | 1 | | Days | | 250.00 | | 20 | 230 |
| 3 | Service 03 | | 1236 | | 1 | | Days | | 340.00 | | 30 | 310 |
| 4 | Service 04 | | 1237 | | 1 | | Days | | 300.00 | | 20 | 280 |
| 5 | Service 05 | | 1237 | | 1 | | Days | | 300.00 | | 20 | 280 |
| 6 | Service 06 | | 1237 | | 1 | | Days | | 300.00 | | 20 | 280 |
| 7 | Service 07 | | 1237 | | 1 | | Days | | 300.00 | | 20 | 280 |
| **Total** | | | | |  | |  | |  | | **180** | **1810** |
|  | | | | | | | | | | | | |
|  | | | | | |  | | | | **Sub Total:** | | **1810** |
| Total Discount: | | 180 |
| **Amount in words:** | | | | | | SGST: | | 20 |
| CGST: | | 20 |
| **Total:** | | **1670** |
| Received | | 500 |
|  | | | | | | Balance | | 1170.00 |
| Company seal and Sign | | | | | |  | | |
|  | | |
| **Payment Mode:** | |  |
|  | | |
|
|
|  | | |
| Download **Vyapar app** to create more**Dr. Receipt Format** for free !!! | | | | | | | | | | | | [**Try Now !!!!**](https://billing.vyaparapp.in/format) |
|  |  |  | |  | |  | |  | |  | |  |