

Clinic Name:

Address :

Phone No.:

Email ID:

GSTIN:

State:

Tax Invoice

Bill To:

Name:

Address:

Date of Accident:

Part of Body:

Type of Injury:

Contact No.:

GSTIN No.:

State:

Invoice No.:

Invoice Date:

#	Service name	Qty	Unit	Rate	Dis	GST	Amount
Total							

Amount in words:

Terms & Conditions

Sub Total:

Discount:

SGST

CGST

Total

Received

Balance

Company seal and Sign