TAX INVOICE

GST invoice format for a doctor's clinic

Supplier name	Your business name	**Customer name**	Customer / business name
Address	Shop/office address, city, state, PIN	**Customer address**	Billing address
GSTIN	27ABCDE1234F1Z5	**Customer GSTIN**	If registered (B2B)
Invoice no.	INV/25-26/0001	**Medical council registration number**	
Invoice date	DD/MM/YYYY	**Patient name and age**	
Place of supply	State name (state code)	**Visit type (new, follow-up, procedure)**	
		Bill of supply declaration	
		Mode of payment and receipt number	
		Procedure or injection details	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Consultation fee — general physician (new patient)	999312	1 VISIT	500.00	500.00	0%	0.00	0.00	500.00
2	Follow-up consultation within 7 days	999312	1 VISIT	200.00	200.00	0%	0.00	0.00	200.00
3	Wound dressing during consultation	999312	1 NOS	150.00	150.00	0%	0.00	0.00	150.00
4	Paracetamol 650 mg tablets (strip of 15) sold over counter	3004	1 STRIP	35.00	35.00	5%	0.88	0.88	36.76
5	Digital clinical thermometer sold over counter	9025	1 PCS	250.00	250.00	5%	6.25	6.25	262.50
								Taxable	1,135.00
								GST	14.26
								Total (Rs.)	**1,149.26**

Inter-state sale? Replace CGST + SGST with IGST at the full GST rate.

Amount in words: _____

Bank / UPI details: _____

Declaration: We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct.

For (Supplier name) — Authorised signatory

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