VINAYAGA DENTAL LAB

621,MODEL SCHOOL ROAD, SIRI MANSION FIRST FLOOR
THOUSAND LIGHTS, CHENNAI - 600006.
Phone: 04442658719. Mobile: .
EmailID: vinayagadentalsuresh@gmail.com.

Member ID

AIDLA
ALL INDIA DENTAL LABORATORY ASSOCIATION

GSTIN:33ATGPS0750C1Z2

INVOICE

VDL26-27/1489

To

MUTHU HOSPITALS Pvt Ltd
336, Paper Mills Road, PERAMBUR, CHENNAI - 600011.
GST IN:33AAQCM7085G1Z2.

Invoice No: VDL26-27/1489
Invoice Date: 31-Jul-26

Ord.No./Date	O.Form.No	Product Name	Notation	HSN Code	Units	Rate	Total(`)
VDL26-27/10649 14-Jul-26		Hard Splint Lower	1	90212100	1	400.00	400.00
Consultant :		**Patient:SIKANDAR**					
					TOTAL UNITS	**1**	

Taxable Amount	382.00
CGST@2.5%	9.52
SGST@2.5%	9.52
Total Amount	400.00

Total Net Amount in words: Rupees Four Hundred only.

Round off **Net Amount**(`) **400.00**

Bank Details

NAME : VINAYAGA DENTAL LAB
BANK NAME : ICICI BANK
ACCOUNT NO: 603605015227
IFSC : ICIC0006036
BRANCH : EGMORE.

Accounts Department No-1 :7550066982.

Accounts Department No-2 :8608692987.

[REQUEST YOU TO MAKE THE PAYMENT WIHIN 15 DAYS FROM THE DATE OF BILL GENERATE]

For VINAYAGA DENTAL LAB

Authorised Signatory

This is the computer generated invoice.