



## **Invoice**

**Invoice No:** 252600513

**Patient Name:** Ms. Shalu Rajta/PW/2526/00796

**Pay Mode:** Cash

**Invoice Date:** 24-06-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Minor Dressing	500.00
2	Minor Dressing	500.00
3	Gauze	250.00

**Total Amount: 1250.00**

**Less Discount (-): 0.00**

**Grand Total: 1250.00**

**Received Amount (-): 1250.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required