



**HOLISTIC
ONCOCARE
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

The Breast Clinic

Unit 414, ATL Corporate Park,
Saki Vihar Road, Powai,
Mumbai - 400072
Phone: +91 8450990078

Invoice

Invoice No: 252600564
Patient Name: Ms. Madhavi Korlekar/PW/2526/00070
Pay Mode: UPI

Invoice Date: 03-07-2025
Doctor: Dr. Namita Pandey

| Sr.No. | TREATMENT | AMOUNT |
|--------|----------------------------|---------|
| 1 | Followup | 1500.00 |
| 2 | Chemoport Flushing Charges | 2000.00 |
| 3 | 10cc Syringe | 11.00 |
| 4 | 100ml NS | 22.00 |
| 5 | chemo Port Niddle | 799.00 |

Total Amount: 4332.00

Less Discount (-): 0.00

Grand Total: 4332.00

Received Amount (-): 4332.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required