



## **Invoice**

**Invoice No:** 252600567

**Patient Name:** Ms. Rashmi Agarwal/PW/2526/00015

**Pay Mode:** UPI

**Invoice Date:** 04-07-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	11 no. Blade	8.00
3	Gauze	50.00
4	Stitch Removal	500.00

**Total Amount: 2558.00**

**Less Discount (-): 0.00**

**Grand Total: 2558.00**

**Received Amount (-): 2558.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required