



## **Invoice**

**Invoice No:** 252600681

**Patient Name:** Ms. Jailaxmi Iyer/PW/2526/00876

**Pay Mode:** Cash

**Invoice Date:** 16-07-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Clip Removal	1500.00
2	Major Dressing	1000.00
3	Gauze	50.00
4	Followup	1500.00

**Total Amount: 4050.00**

**Less Discount (-): 0.00**

**Grand Total: 4050.00**

**Received Amount (-): 4050.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required