



Invoice

Invoice No: 252600709

Patient Name: Ms. Sunita Mahapadi/PW/2526/00869

Pay Mode: Card

Invoice Date: 19-07-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	20cc Syringe	30.00
4	Gauze	200.00
5	18 g needle	8.00
6	Major Dressing	1000.00

Total Amount: 3938.00

Less Discount (-): 0.00

Grand Total: 3938.00

Received Amount (-): 3938.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required