



Invoice

Invoice No: 252600731

Patient Name: Ms. Kawaljit Kaur/PW/2526/00017

Pay Mode: UPI

Invoice Date: 23-07-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	10cc Syringe	11.00
3	Chemoport needle	799.00
4	100 ml NS	22.00

Total Amount: 2832.00

Less Discount (-): 0.00

Grand Total: 2832.00

Received Amount (-): 2832.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required