



Invoice

Invoice No: 252600754

Patient Name: Ms. Jennifer Rodrigues/PW/2526/00264

Pay Mode: Card

Invoice Date: 26-07-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	chemoport Needle	799.00
3	10cc Syringe	11.00
4	100 ml Ns	22.00
5	Gauze	100.00
6	Chemoport Flushing Charges	2000.00

Total Amount: 4932.00

Less Discount (-): 0.00

Grand Total: 4932.00

Received Amount (-): 4932.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required