



## **Invoice**

**Invoice No:** 252600815

**Patient Name:** Ms. Lata Rakesh Shukla/PW/2526/00188

**Pay Mode:** Cash

**Invoice Date:** 04-08-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	5cc Syringe	11.00
4	Gauze	50.00

**Total Amount:** 3261.00

**Less Discount (-):** 0.00

**Grand Total:** 3261.00

**Received Amount (-): 3000.00**

**Balance Amount:** 261.00

This is a computer generated invoice hence no signature is required