



## **Invoice**

**Invoice No:** 252600876

**Patient Name:** Ms. Sabirabi Patel/PW/2526/00492

**Pay Mode:** Cash

**Invoice Date:** 11-08-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	20cc Syringe	30.00
4	18 g needle	8.00
5	Gauze	50.00

**Total Amount:** 3288.00

**Less Discount (-):** 0.00

**Grand Total:** 3288.00

**Received Amount (-):** 3288.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required