



Invoice

Invoice No: 252600913

Patient Name: Ms. Maya Deb/PW/2526/00852

Pay Mode: UPI

Invoice Date: 16-08-2025

Doctor: Dr. Namita Pandey

| Sr.No. | TREATMENT | AMOUNT |
|--------|--------------------------------------|---------|
| 1 | Post Mastectomy Lymphatic Aspiration | 1200.00 |
| 2 | 20cc Syringe | 31.00 |
| 3 | 18 g needle | 8.00 |
| 4 | Gauze | 150.00 |

Total Amount: 1389.00

Less Discount (-): 0.00

Grand Total: 1389.00

Received Amount (-): 1389.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required