



**HOLISTIC
ONCOCARE
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

The Breast Clinic

Unit 414, ATL Corporate Park,
Saki Vihar Road, Powai,
Mumbai - 400072
Phone: +91 8450990078

Invoice

Invoice No: 252601120
Patient Name: Ms. Jennifer Rodrigues/PW/2526/00264
Pay Mode: Card

Invoice Date: 09-09-2025
Doctor: Dr. Namita Pandey

| Sr.No. | TREATMENT | AMOUNT |
|--------|----------------------------|---------|
| 1 | Consultation | 2000.00 |
| 2 | Chemoport Flushing Charges | 2000.00 |
| 3 | 10cc Syringe | 11.00 |
| 4 | Gauze | 50.00 |
| 5 | Chemoport Needle | 799.00 |
| 6 | Ns 100 ml | 22.00 |

Total Amount: 4882.00

Less Discount (-): 0.00

Grand Total: 4882.00

Received Amount (-): 4882.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required