



## **Invoice**

**Invoice No:** 252601147

**Patient Name:** Ms. Renitta iyer/PW/2526/00991

**Pay Mode:** Card

**Invoice Date:** 12-09-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Stitch Removal	500.00
2	Major Dressing	1000.00
3	Gauze	350.00
4	11 no. Blade	8.00
5	Consultation	2000.00

**Total Amount:** 3858.00

**Less Discount (-):** 0.00

**Grand Total:** 3858.00

**Received Amount (-):** 3858.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required