



Invoice

Invoice No: 252601218

Patient Name: Ms. Akila Ravi/PW/2526/00972

Pay Mode: Card

Invoice Date: 25-09-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category C - Chemotherapy	10000.00
2	Daycare Bed Charges	5000.00
3	Nursing Charges	3000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00

Total Amount: 18800.00

Less Discount (-): 0.00

Grand Total: 18800.00

Received Amount (-): 18800.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required