

The Breast Clinic

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

Invoice

Invoice No: 252601285 Invoice Date: 04-10-2025
Patient Name: Ms. Priya Potekar/PW/2526/00303 Doctor: Dr. Namita Pandey

Pay Mode: Card

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Chemport Niddle	799.00
3	10cc Syringe	11.00
4	Gauze	50.00
5	saline 100ml	22.00

Total Amount: 2882.00

Less Discount (-): 0.00

Grand Total: 2882.00

Received Amount (-): 2882.00

Balance Amount: 0.00