



## **Invoice**

**Invoice No:** 252601321

**Patient Name:** Ms. Deepa Khalapkar/HOC/2510/01088

**Pay Mode:** UPI

**Invoice Date:** 07-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Aspiration	500.00
2	5cc Syringe	31.00
3	Gauze	50.00

**Total Amount: 581.00**

**Less Discount (-): 0.00**

**Grand Total: 581.00**

**Received Amount (-): 581.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required