



## **Invoice**

**Invoice No:** 252601395

**Patient Name:** Ms. manshi binnani/PW/2526/00819

**Pay Mode:** Card

**Invoice Date:** 17-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mystectomy Lymphatic Aspiration	1200.00
2	20cc Syringe	33.00
3	18 g needle	8.00
4	Gauze	100.00
5	Followup	1500.00

**Total Amount: 2841.00**

**Less Discount (-): 0.00**

**Grand Total: 2841.00**

**Received Amount (-): 2841.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required