



## **Invoice**

**Invoice No:** 252601411

**Patient Name:** Ms. Urvi Doshi/HOC/2510/01078

**Pay Mode:** UPI

**Invoice Date:** 21-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Stitch Removal	500.00
3	Major Dressing	1000.00
4	Gauze	100.00
5	11 no. Blade	8.00

**Total Amount:** 3608.00

**Less Discount (-):** 0.00

**Grand Total:** 3608.00

**Received Amount (-): 3608.00**

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required