



## **Invoice**

**Invoice No:** 252601420

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

**Pay Mode:** Card

**Invoice Date:** 22-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
2	USG Guided Aspiration	2000.00
3	gauze	260.00
4	10cc Syringe	11.00
5	Nulife Latex Gloves	80.00

**Total Amount: 3851.00**

**Less Discount (-): 0.00**

**Grand Total: 3851.00**

**Received Amount (-): 3851.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required