



**HOLISTIC
ONCOCARE
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

The Breast Clinic

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

Invoice

Invoice No: 252601430
Patient Name: Ms. Kawaljit Kaur/PW/2526/00017
Pay Mode: UPI

Invoice Date: 22-10-2025
Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Consultation	2000.00
3	Chemoport Niddle	799.00
4	100ml Salian	48.00
5	10cc Syringe	11.00
6	Gauze	50.00

Total Amount: 4908.00

Less Discount (-): 0.00

Grand Total: 4908.00

Received Amount (-): 4908.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required