



Invoice

Invoice No: 252601435

Patient Name: Ms. Chandrakanta Soni/HOC/2509/01046

Pay Mode: Card

Invoice Date: 23-10-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	10cc Syringe	11.00
4	Gauze	200.00
5	18 g needle	8.00

Total Amount: 3419.00

Less Discount (-): 0.00

Grand Total: 3419.00

Received Amount (-): 3419.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required