



## **Invoice**

**Invoice No:** 252601504

**Patient Name:** Ms. Suvra Banerjee/PW/2526/00848

**Pay Mode:** Cash

**Invoice Date:** 31-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Chemoport Niddle	799.00
3	20cc Syringe	33.00
4	18 g needle	8.00
5	Gauze	100.00

**Total Amount: 2940.00**

**Less Discount (-): 0.00**

**Grand Total: 2940.00**

**Received Amount (-): 2940.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required