



## **Invoice**

**Invoice No:** 252601595

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

**Pay Mode:** Card

**Invoice Date:** 10-11-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	tegaderm	272.00
2	gauze	50.00
3	Minor Dressing	500.00
4	Followup	1500.00

**Total Amount:** 2322.00

**Less Discount (-):** 0.00

**Grand Total:** 2322.00

**Received Amount (-): 2322.00**

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required