



## **Invoice**

**Invoice No:** 252601626

**Patient Name:** Ms. Maya Deb/PW/2526/00852

**Pay Mode:** UPI

**Invoice Date:** 13-11-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	20cc Syringe	33.00
3	18 g needle	8.00
4	Gauze	150.00

**Total Amount: 1391.00**

**Less Discount (-): 0.00**

**Grand Total: 1391.00**

**Received Amount (-): 1391.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required