



Invoice

Invoice No: 252601681

Patient Name: Ms. Prabhdevi Daga/HOC/2510/01103

Pay Mode: Card

Invoice Date: 17-11-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category E	14000.00
2	Daycare Bed Charges	2000.00
3	Nursing Charges	2000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00
5	Paxman Scalp Cooling Charges	10000.00
6	Post Mastectomy Lymphatic Aspiration	3000.00

Total Amount: 31800.00

Less Discount (-): 2000.00

Grand Total: 29800.00

Received Amount (-): 29800.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required