



## **Invoice**

**Invoice No:** 252601722

**Patient Name:** Ms. Neha Bhatia/HOC/2511/01166

**Pay Mode:** Card

**Invoice Date:** 22-11-2025

**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      | Minor Dressing                       | 500.00  |
| 5      | Gauze                                | 140.00  |

**Total Amount: 1881.00**

**Less Discount (-): 0.00**

**Grand Total: 1881.00**

**Received Amount (-): 1881.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required