



## **Invoice**

**Invoice No:** 252601742

**Patient Name:** Ms. Ushatai Chikhle/PW/2526/00925

**Pay Mode:** Cash

**Invoice Date:** 24-11-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Stitch Removal	500.00
2	Clip Removal	1500.00
3	Gauze	250.00

**Total Amount:** 2250.00

**Less Discount (-):** 0.00

**Grand Total:** 2250.00

**Received Amount (-): 2250.00**

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required