



**HOLISTIC
ONCOCARE
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

The Breast Clinic

Unit 414, ATL Corporate Park,
Saki Vihar Road, Powai,
Mumbai - 400072
Phone: +91 8450990078

Invoice

Invoice No: 252601763
Patient Name: Ms. Jayalaxmi Adappa/PW/2526/00058
Pay Mode: Card

Invoice Date: 25-11-2025
Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Chemoport Niddle	799.00
3	10cc Syringe	18.00
4	Gauze	50.00
5	100 ml Saline	22.00

Total Amount: 2889.00

Less Discount (-): 0.00

Grand Total: 2889.00

Received Amount (-): 2889.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required