



Invoice

Invoice No: 252601835

Patient Name: Ms. Pavitra Kartik/PW/2526/00247

Pay Mode: UPI

Invoice Date: 06-12-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Chemoportport Needle	799.00
3	10cc Syringe	11.00
4	Gauze	50.00
5	100 ml Saline	22.00

Total Amount: 2882.00

Less Discount (-): 0.00

Grand Total: 2882.00

Received Amount (-): 2882.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required