



Invoice

Invoice No: 252601920

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

Pay Mode: Card

Invoice Date: 24-12-2025

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	Gauze	250.00

Total Amount: 1491.00

Less Discount (-): 0.00

Grand Total: 1491.00

Received Amount (-): 1491.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required