



## **Invoice**

**Invoice No:** 252601925

**Invoice Date:** 24-12-2025

**Patient Name:** Ms. Swagatika Mohapatra/PW/2526/00832

**Doctor:** Dr. Namita Pandey

**Pay Mode:** Card

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	Gauze	100.00
4	18 g needle	8.00
5	20cc Syringe	18.00

**Total Amount:** 3326.00

**Less Discount (-):** 0.00

**Grand Total:** 3326.00

**Received Amount (-):** 3326.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required