



Invoice

Invoice No: 252601980

Patient Name: Ms. Yashoda Gavand/HOC/2512/01260

Pay Mode: Cash

Invoice Date: 30-12-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	1800.00
Total Amount: 1800.00		
Less Discount (-): 0.00		
Grand Total: 1800.00		
<u>Received Amount (-): 1800.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required