



## **Invoice**

**Invoice No:** 252601990

**Patient Name:** Ms. Shenazz Karari/HOC/2510/01121

**Pay Mode:** Cash

**Invoice Date:** 31-12-2025

**Doctor:** Dr. Namita Pandey

| <b>Sr.No.</b> | <b>TREATMENT</b>                                    | <b>AMOUNT</b>                        |
|---------------|---|--------------------------------------|
| 1             | Category A - Chemotherapy                           | 15000.00                             |
| 2             | Daycare Bed Charges                                 | 2000.00                              |
| 3             | Nursing Charges                                     | 3000.00                              |
| 4             | Non medical Service MRD charges & Bio Medical Waste | 800.00                               |
| 5             | Paxman Scalp Cooling Charges                        | 8000.00                              |
|               |   | <b>Total Amount: 28800.00</b>        |
|               |   | <b>Less Discount (-): 0.00</b>       |
|               |   | <b>Grand Total: 28800.00</b>         |
|               |   | <b>Received Amount (-): 28800.00</b> |
|               |   | <b>Balance Amount: 0.00</b>          |

This is a computer generated invoice hence no signature is required