



## **Invoice**

**Invoice No:** 252602012

**Patient Name:** Ms. Shamira shaikh/HOC/2512/01253

**Pay Mode:** UPI

**Invoice Date:** 01-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	USG Guided Aspiration	2000.00
2	Gloves	125.00
3	Gauze	100.00
4	10cc Syringe	11.00

**Total Amount: 2236.00**

**Less Discount (-): 0.00**

**Grand Total: 2236.00**

**Received Amount (-): 2236.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required