



## **Invoice**

**Invoice No:** 252602025

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

**Pay Mode:** Card

**Invoice Date:** 03-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	Gauze	150.00
3	20cc Syringe	31.00
4	18 g needle	8.00

**Total Amount: 1389.00**

**Less Discount (-): 0.00**

**Grand Total: 1389.00**

**Received Amount (-): 1389.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required