



## **Invoice**

**Invoice No:** 252602037

**Patient Name:** Ms. Shaikh Sabarabano/PW/2526/00754

**Pay Mode:** UPI

**Invoice Date:** 05-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	USG Guided marking of Breast	2500.00
2	Tegaderm	170.00
<b>Total Amount: 2670.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 2670.00</b>		
<b><u>Received Amount (-): 2670.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required