



Invoice

Invoice No: 252602079

Patient Name: Ms. Harshada Gaikwad/HOC/2601/01288

Pay Mode: UPI

Invoice Date: 07-01-2026

Doctor: Dr. Namita Pandey

| Sr.No. | TREATMENT | AMOUNT |
|--|------------------|---------------|
| 1 | Consultation | 2000.00 |
| Total Amount: 2000.00 | | |
| Less Discount (-): 0.00 | | |
| Grand Total: 2000.00 | | |
| <u>Received Amount (-): 2000.00</u> | | |
| Balance Amount: 0.00 | | |

This is a computer generated invoice hence no signature is required