



## **Invoice**

**Invoice No:** 252602081

**Patient Name:** Ms. Shifali Sagar/PW/2526/00328

**Pay Mode:** UPI

**Invoice Date:** 07-01-2026

**Doctor:** Dr. Namita Pandey

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

This is a computer generated invoice hence no signature is required