



## **Invoice**

**Invoice No:** 252602097

**Patient Name:** Ms. Suhanee Shome/HOC/2512/01222

**Pay Mode:** UPI

**Invoice Date:** 09-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Minor Dressing	500.00
2	gauze	100.00
<b>Total Amount: 600.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 600.00</b>		
<b>Received Amount (-): 600.00</b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required