



Invoice

Invoice No: 252602127

Patient Name: Ms. Sandra Lobo/HOC/2512/01234

Pay Mode: Card

Invoice Date: 12-01-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
Total Amount: 1500.00		
Less Discount (-): 0.00		
Grand Total: 1500.00		
<u>Received Amount (-): 1500.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required