



## **Invoice**

**Invoice No:** 252602129

**Patient Name:** Ms. Pavitra Kartik/PW/2526/00247

**Pay Mode:** UPI

**Invoice Date:** 12-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Chemoport Flushing Charges	2000.00
3	Chemoport Niddle	799.00
4	10cc Syringe	18.00
5	Gauze	50.00
6	100 ml Saliane	47.00

**Total Amount: 4914.00**

**Less Discount (-): 0.00**

**Grand Total: 4914.00**

**Received Amount (-): 4914.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required