



## **Invoice**

**Invoice No:** 252602140

**Patient Name:** Ms. Mita Ahuja/PW/2526/00287

**Pay Mode:** UPI

**Invoice Date:** 14-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Chemoprotectant Flushing Charges	2000.00
3	Chemo Port Nliddle	799.00
4	Gauze	50.00
5	10cc Syringe	18.00
6	100 ml Saline	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