



## **Invoice**

**Invoice No:** 252602142

**Patient Name:** Ms. Prabhdevi Daga/HOC/2510/01103

**Pay Mode:** Card

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

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	Gauze	300.00
3	18 g needle	8.00
4	20cc Syringe	18.00

**Total Amount: 1526.00**

**Less Discount (-): 0.00**

**Grand Total: 1526.00**

**Received Amount (-): 1526.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required