



## **Invoice**

**Invoice No:** 252602148

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

**Pay Mode:** Card

**Invoice Date:** 15-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Stitch Removal	500.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	20cc Syringe	18.00
4	18 g needle	8.00
5	Gauze	100.00
6	11 no. Blade	8.00
7	Tegadom	299.00

**Total Amount:** 2133.00

**Less Discount (-):** 0.00

**Grand Total:** 2133.00

**Received Amount (-): 2133.00**

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required