



Invoice

Invoice No: 252602150

Patient Name: Ms. Divya Sreejith/PW/2526/00189

Pay Mode: Card

Invoice Date: 15-01-2026

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	100 Saline	47.00
6	Gauze	50.00

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