



## **Invoice**

**Invoice No:** 252602189

**Patient Name:** Ms. leela Kothari/HOC/2601/01272

**Pay Mode:** UPI

**Invoice Date:** 19-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Major Dressing	1000.00
2	Minor Dressing	500.00
3	Gauze	150.00

**Total Amount: 1650.00**

**Less Discount (-): 0.00**

**Grand Total: 1650.00**

**Received Amount (-): 1650.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required