



## **Invoice**

**Invoice No:** 252602228

**Patient Name:** Ms. Asmita Hirve/HOC/2511/01207

**Pay Mode:** Card

**Invoice Date:** 23-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	2000.00
2	Major Dressing	2000.00
3	Stitch Removal	500.00
4	11 no. Blade	8.00
5	Gumzipad	120.00

**Total Amount: 4628.00**

**Less Discount (-): 0.00**

**Grand Total: 4628.00**

**Received Amount (-): 4628.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required