



Invoice

Invoice No: 252602229

Patient Name: Ms. Kawaljit Kaur/PW/2526/00017

Pay Mode: UPI

Invoice Date: 23-01-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Chemoport Flushing Charges	2000.00
2	Chemoport Needle	799.00
3	Gauze	50.00
4	10cc Syringe	18.00
5	100ml Saline	47.00

Total Amount: 2914.00

Less Discount (-): 0.00

Grand Total: 2914.00

Received Amount (-): 2914.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required