



Invoice

Invoice No: 252602280

Patient Name: Ms. Dimpi Dey/PW/2526/00089

Pay Mode: Card

Invoice Date: 29-01-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Chemoport Flushing Charges	2000.00
3	Chemoport Needle	799.00
4	100ml Saline	45.00
5	10cc Syringe	18.00
6	Gauze	50.00

Total Amount: 4912.00

Less Discount (-): 0.00

Grand Total: 4912.00

Received Amount (-): 4912.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required