



## **Invoice**

**Invoice No:** 252602285

**Patient Name:** Ms. Manju Wadhwa/HOC/2509/01061

**Pay Mode:** UPI

**Invoice Date:** 29-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	1500.00
2	Aspiration	2000.00
3	10cc Syringe	18.00
4	11 no. Blade	8.00
5	Gauze	300.00

**Total Amount:** 3826.00

**Less Discount (-):** 0.00

**Grand Total:** 3826.00

**Received Amount (-):** 3826.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required