



## **Invoice**

**Invoice No:** 252602299

**Patient Name:** Ms. Shaikh Sabarabano/PW/2526/00754

**Pay Mode:** UPI

**Invoice Date:** 30-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	Major Dressing	1000.00
3	Gauze	100.00
4	20cc Syringe	31.00
5	18 g needle	8.00
6	Followup	1500.00

**Total Amount:** 3839.00

**Less Discount (-):** 0.00

**Grand Total:** 3839.00

**Received Amount (-):** 3839.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required