



## **Invoice**

**Invoice No:** 252602300

**Patient Name:** Ms. Neha Bhatia/HOC/2511/01166

**Pay Mode:** UPI

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

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	Consultation	2000.00
3	20cc Syringe	30.00
4	18 g needle	8.00
5	Gauze	100.00

**Total Amount: 3338.00**

**Less Discount (-): 0.00**

**Grand Total: 3338.00**

**Received Amount (-): 3338.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required