



Invoice

Invoice No: 252602317

Patient Name: Ms. Asmita Hirve/HOC/2511/01207

Pay Mode: Card

Invoice Date: 31-01-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Post Mastectomy Lymphatic Aspiration	1200.00
2	Clip Removal	1500.00
3	Minor Dressing 2	1000.00
4	20cc Syringe	30.00
5	18 g needle	8.00
6	Gauze	300.00

Total Amount: 4038.00

Less Discount (-): 0.00

Grand Total: 4038.00

Received Amount (-): 4038.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required