



## **Invoice**

**Invoice No:** 252602347

**Patient Name:** Ms. Sonia Ahuja/HOC/2601/01297

**Pay Mode:** Card

**Invoice Date:** 03-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category E - Chemotherapy	20000.00
2	Nursing Charges	7000.00
3	Daycare Bed Charges	8000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00

**Total Amount: 35800.00**

**Less Discount (-): 0.00**

**Grand Total: 35800.00**

**Received Amount (-): 35800.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required