



## **Invoice**

**Invoice No:** 252602348

**Patient Name:** Ms. Rani Shinde/HOC/2601/01322

**Pay Mode:** UPI

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

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Aspiration	2000.00
2	Gauze	100.00
3	10cc Syringe	18.00
4	18 g needle	8.00
5	USG Breast	2950.00

**Total Amount: 5076.00**

**Less Discount (-): 0.00**

**Grand Total: 5076.00**

**Received Amount (-): 5076.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required