



## **Invoice**

**Invoice No:** 252602379

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

**Pay Mode:** UPI

**Invoice Date:** 06-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Stitch Removal	500.00
2	Major Dressing	1000.00
3	Gauze	100.00
4	20cc Syringe	31.00
5	18 g needle	1.00
6	11 no. Blade	11.00
7	Post Mastectomy Lymphatic Aspiration	1200.00
8	Consultation	2000.00

**Total Amount: 4843.00**

**Less Discount (-): 0.00**

**Grand Total: 4843.00**

**Received Amount (-): 4843.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required