



## **Invoice**

**Invoice No:** 252602423

**Patient Name:** Ms. leela Kothari/HOC/2601/01272

**Pay Mode:** UPI

**Invoice Date:** 10-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Minor Dressing	500.00
2	Post Mastectomy Lymphatic Aspiration	1200.00
3	Gauze	50.00
4	20cc Syringe	30.00
5	18 g needle	8.00

**Total Amount: 1788.00**

**Less Discount (-): 0.00**

**Grand Total: 1788.00**

**Received Amount (-): 1788.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required