



## **Invoice**

**Invoice No:** 252602498

**Patient Name:** Ms. Meena Singh/HOC/2602/01386

**Pay Mode:** Card

**Invoice Date:** 17-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
2	I & D	2500.00

**Total Amount:** 4000.00

**Less Discount (-):** 0.00

**Grand Total:** 4000.00

**Received Amount (-):** 4000.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required