



## **Invoice**

**Invoice No:** 252602499

**Patient Name:** Ms. Barsha Deori/HOC/2602/01397

**Pay Mode:** Cash

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

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	USG Guided Aspiration	2000.00

**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