



**HOLISTIC
ONCOCARE
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

The Breast Clinic

Unit 414, ATL Corporate Park,
Saki Vihar Road, Powai,
Mumbai - 400072
Phone: +91 8450990078

Invoice

Invoice No: 252601520
Patient Name: Ms. Niranjini Rao/PW/2526/00331
Pay Mode: Cash

Invoice Date: 01-11-2025
Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Chemoport Flushing Charges	2000.00
3	Chemoport Needle	799.00
4	10cc Syringe	11.00
5	Gauze	50.00
6	100 Saline	22.00
7	11 no. Blade	8.00

Total Amount: 4890.00

Less Discount (-): 0.00

Grand Total: 4890.00

Received Amount (-): 4890.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required