



Invoice

Invoice No: 252600530

Patient Name: Ms. Savita Joshi/PW/2526/00854

Pay Mode: Card

Invoice Date: 27-06-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	First Visit	2000.00
2	Tomomammography - Bilateral	5630.00
3	USG Guided Biopsy	8873.00

Total Amount: 16503.00

Less Discount (-): 0.00

Grand Total: 16503.00

Received Amount (-): 16503.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required