



## **Invoice**

**Invoice No:** 252600583

**Patient Name:** Ms. Samiksha Gurav/PW/2526/00875

**Pay Mode:** UPI

**Invoice Date:** 05-07-2025

**Doctor:** Dr. Namita Pandey

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Tomomammography - Bilateral	5630.00
<b>Total Amount: 5630.00</b>		
<b>Less Discount (-): 1126.00</b>		
<b>Grand Total: 4504.00</b>		
<b>Received Amount (-): 4504.00</b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required