



## **Invoice**

**Invoice No:** 252600802

**Patient Name:** Ms. Maya Deb/PW/2526/00852

**Pay Mode:** Card

**Invoice Date:** 31-07-2025

**Doctor:** Dr. Deep Vora

Sr.No.	TREATMENT	AMOUNT
1	Consultation	1500.00
<b>Total Amount: 1500.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 1500.00</b>		
<b><u>Received Amount (-): 1500.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required