



## **Invoice**

**Invoice No:** 252600829

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

**Pay Mode:** Card

**Invoice Date:** 04-08-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	20cc Syringe	30.00
3	18 g needle	8.00
4	Gauze	50.00
5	DEXA Scan-Whole Body (BFC + Spine)	5600.00

**Total Amount:** 7688.00

**Less Discount (-):** 0.00

**Grand Total:** 7688.00

**Received Amount (-):** 7688.00

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required