



## **Invoice**

**Invoice No:** 252600890

**Patient Name:** Ms. Shruti Shanbaug/PW/2526/00606

**Pay Mode:** UPI

**Invoice Date:** 12-08-2025

**Doctor:** Dr. Namita Pandey

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