



Invoice

Invoice No: 252600925

Patient Name: Ms. Renitta iyer/PW/2526/00991

Pay Mode: Card

Invoice Date: 16-08-2025

Doctor: Dr. Namita Pandey

| Sr.No. | TREATMENT | AMOUNT |
|--------|----------------------|---------|
| 1 | Consultation | 2000.00 |
| 2 | USG Guided Biopsy | 8873.00 |
| 3 | Fast forward charges | 250.00 |

Total Amount: 11123.00

Less Discount (-): 0.00

Grand Total: 11123.00

Received Amount (-): 11123.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required