



Invoice

Invoice No: 252600986

Patient Name: Ms. Rani Chatterjee/PW/2526/01012

Pay Mode: Card

Invoice Date: 26-08-2025

Doctor: Dr. Suman Kumar
Ankathi

Sr.No.	TREATMENT	AMOUNT
1	Tomomammography - Bilateral	5630.00
2	Consultation	2000.00

Total Amount: 7630.00

Less Discount (-): 0.00

Grand Total: 7630.00

Received Amount (-): 7630.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required