



## **Invoice**

**Invoice No:** 252600987

**Patient Name:** Ms. Ritu Rath/PW/2526/00976

**Pay Mode:** Card

**Invoice Date:** 26-08-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Tomomammography - Bilateral	5630.00
2	USG Abdomen & Pelvis	2950.00
3	Consultation	1500.00

**Total Amount: 10080.00**

**Less Discount (-): 0.00**

**Grand Total: 10080.00**

**Received Amount (-): 10080.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required