



## **Invoice**

**Invoice No:** 252601103

**Patient Name:** Ms. Aruna Raut/PW/2526/00407

**Pay Mode:** Card

**Invoice Date:** 08-09-2025

**Doctor:** Dr. Namita Pandey

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

**Total Amount: 11530.00**

**Less Discount (-): 5524.00**

**Grand Total: 6006.00**

**Received Amount (-): 6006.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required