



## **Invoice**

**Invoice No:** 252601156

**Patient Name:** Ms. Sabirabi Patel/PW/2526/00492

**Pay Mode:** UPI

**Invoice Date:** 13-09-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	DEXA Scan-Whole Body (BFC + Spine)	5600.00
<b>Total Amount: 7600.00</b>		
<b>Less Discount (-): 1000.00</b>		
<b>Grand Total: 6600.00</b>		
<b><u>Received Amount (-): 6600.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required