



## **Invoice**

**Invoice No:** 252601256

**Invoice Date:** 30-09-2025

**Patient Name:** Ms. chandrakala arolkar /HOC/2509/01070

**Doctor:** Dr. Namita Pandey

**Pay Mode:** UPI

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Tomomammography - Bilateral	2680.00
<b>Total Amount: 2680.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 2680.00</b>		
<b><u>Received Amount (-): 2680.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required