



## **Invoice**

**Invoice No:** 252601269

**Patient Name:** Ms. Shewta Mundra/PW/2526/00445

**Pay Mode:** Card

**Invoice Date:** 03-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Tomomammography - Bilateral	5630.00
3	USG Abdomen & Pelvis	2950.00

**Total Amount: 10580.00**

**Less Discount (-): 2000.00**

**Grand Total: 8580.00**

**Received Amount (-): 8580.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required