



## **Invoice**

**Invoice No:** 252601291

**Patient Name:** Ms. Shabina Khan/HOC/2510/01074

**Pay Mode:** Card

**Invoice Date:** 04-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	CEM	8845.00
<b>Total Amount: 8845.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 8845.00</b>		
<b><u>Received Amount (-): 8845.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required