



Invoice

Invoice No: 252601464

Invoice Date: 28-10-2025

Patient Name: Ms. Dr Sumitra Shadhaye/HOC/2510/01124

Doctor: Dr. Namita Pandey

Pay Mode: Cash

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

This is a computer generated invoice hence no signature is required