



Invoice

Invoice No: 252601539

Patient Name: Ms. Rebecca Parker/HOC/2511/01138

Pay Mode: UPI

Invoice Date: 04-11-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Contrast Enhanced Mammography(bilateral)	8845.00
3	Tomomammography - Bilateral	5630.00
4	Consumables	3000.00

Total Amount: 19475.00

Less Discount (-): 0.00

Grand Total: 19475.00

Received Amount (-): 19475.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required