



## **Invoice**

**Invoice No:** 252601618

**Patient Name:** Ms. Chitra Nadkarni/HOC/2511/01151

**Pay Mode:** Card

**Invoice Date:** 12-11-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Biopsy	8873.00
2	FNAC	15050.00

**Total Amount: 23923.00**

**Less Discount (-): 0.00**

**Grand Total: 23923.00**

**Received Amount (-): 23923.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required