



Receipt

Receipt No: 252601639

Patient Name: Ms. Julie Francis /PW/2526/01023

Pay Mode: Card

Receipt Date: 14-11-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
Total Amount: 1500.00		
Less Discount (-): 0.00		
Grand Total: 1500.00		
<u>Received Amount (-): 1500.00</u>		
Balance Amount: 0.00		