



**HOLISTIC  
ONCOCARE  
CENTRE**

A Unit of Ajeya Kumar Memorial Health Care LLP

## The Breast Clinic

Unit 414, ATL Corporate Park,  
Saki Vihar Road, Powai,  
Mumbai - 400072  
Phone: +91 8450990078

### Invoice

**Invoice No:** 252601694  
**Patient Name:** Ms. Prabhdevi Daga/HOC/2510/01103  
**Pay Mode:** UPI

**Invoice Date:** 11-11-2025  
**Doctor:** Dr. Deep Vora

Sr.No.	TREATMENT	AMOUNT
1	Consultation	1500.00

**Total Amount: 1500.00**

**Less Discount (-): 0.00**

**Grand Total: 1500.00**

**Received Amount (-): 1500.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required