



Invoice

Invoice No: 252601805

Patient Name: Ms. Shivani Katkar/HOC/2511/01213

Pay Mode: Card

Invoice Date: 29-11-2025

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Biopsy	9245.00

Total Amount: 11245.00

Less Discount (-): 0.00

Grand Total: 11245.00

Received Amount (-): 11245.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required