



**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: 252601811
Patient Name: Ms. Akila Ravi/PW/2526/00972
Pay Mode: Cash

Invoice Date: 01-12-2025
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