



## **Invoice**

**Invoice No:** 252601981

**Patient Name:** Ms. Boskey Arora/HOC/2512/01258

**Pay Mode:** Card

**Invoice Date:** 30-12-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Tomomammography - Bilateral	5630.00
2	Consultation	2000.00
<b>Total Amount: 7630.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 7630.00</b>		
<b><u>Received Amount (-): 7630.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required