Invoice

Invoice No:	252601992	**Invoice Date:**	31-12-2025
Patient Name:	Ms. Swagatika Mohapatra/PW/2526/00832	**Doctor:**	Dr. Deep Vora
Pay Mode:	UPI		

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