



## **Invoice**

**Invoice No:** 252601995

**Patient Name:** Ms. Mosami Dutta/PW/2425/00008

**Pay Mode:** Cash

**Invoice Date:** 31-12-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	USG Breast	2950.00
<b>Total Amount: 4950.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 4950.00</b>		
<b><u>Received Amount (-): 4950.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required