



## **Invoice**

**Invoice No:** 252602034

**Patient Name:** Ms. Malika Mudaliar/PW/2526/00434

**Pay Mode:** UPI

**Invoice Date:** 03-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Annuals (Tomo-mamo, Dexa Scan, USG Breast, USG A+P)	12500.00
<b>Total Amount: 12500.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 12500.00</b>		
<b><u>Received Amount (-): 12500.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required