



## **Invoice**

**Invoice No:** 252602065

**Patient Name:** Ms. Amrit Valecha/HOC/2601/01284

**Pay Mode:** UPI

**Invoice Date:** 06-01-2026

**Doctor:** Dr. Namita Pandey

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	DEXA Scan-Whole Body (BFC + Spine)	5600.00
<b>Total Amount: 5600.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 5600.00</b>		
<b><u>Received Amount (-): 5600.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required