



## **Invoice**

**Invoice No:** 252602114

**Patient Name:** Ms. Akila Ravi/PW/2526/00972

**Pay Mode:** UPI

**Invoice Date:** 10-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Followup	1500.00
2	USG Breast	2950.00
<b>Total Amount: 4450.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 4450.00</b>		
<b><u>Received Amount (-): 4450.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required