



## **Invoice**

**Invoice No:** 252602270

**Patient Name:** Ms. Heena Sayed/HOC/2510/01112

**Pay Mode:** UPI

**Invoice Date:** 28-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	USG Breast	2950.00

**Total Amount: 4950.00**

**Less Discount (-): 0.00**

**Grand Total: 4950.00**

**Received Amount (-): 4950.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required