



Invoice

Invoice No: 252602271

Patient Name: Ms. Swati Sawant/HOC/2601/01330

Pay Mode: Card

Invoice Date: 28-01-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Tomomammography - Bilateral	5630.00
Total Amount: 5630.00		
Less Discount (-): 0.00		
Grand Total: 5630.00		
<u>Received Amount (-): 5630.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required