



Invoice

Invoice No: 252602337

Patient Name: Ms. Enid Fernandes/HOC/2602/01350

Pay Mode: Card

Invoice Date: 03-02-2026

Doctor: Dr. Suman Kumar
Ankathi

Sr.No.	TREATMENT	AMOUNT
1	USG Guided Biopsy	6554.00
Total Amount: 6554.00		
Less Discount (-): 0.00		
Grand Total: 6554.00		
<u>Received Amount (-): 6554.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required