



## **Invoice**

**Invoice No:** 252602340

**Patient Name:** Ms. B Surya Kumari/HOC/2602/01356

**Pay Mode:** Card

**Invoice Date:** 03-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	Tomomammography - Bilateral	5630.00

**Total Amount: 7630.00**

**Less Discount (-): 0.00**

**Grand Total: 7630.00**

**Received Amount (-): 7630.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required