



Invoice

Invoice No: 252602357

Patient Name: Ms. Raaki Ravi/HOC/2602/01360

Pay Mode: UPI

Invoice Date: 04-02-2026

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		
<u>Received Amount (-): 7630.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required