



Invoice

Invoice No: 252602361

Patient Name: Ms. Minaz Shaikh/HOC/2601/01327

Pay Mode: UPI

Invoice Date: 04-02-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Contrast Enhanced Mammography(bilateral)	8845.00
Total Amount: 8845.00		
Less Discount (-): 0.00		
Grand Total: 8845.00		
<u>Received Amount (-): 8845.00</u>		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required