



Invoice

Invoice No: 252602419

Patient Name: Ms. Santwana Kabi/PW/2526/00994

Pay Mode: Card

Invoice Date: 10-02-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	DEXA Scan-Whole Body (BFC + Spine)	5600.00
2	USG Abdomen & Pelvis	2950.00
Total Amount: 8550.00		
Less Discount (-): 0.00		
Grand Total: 8550.00		
<u>Received Amount (-):</u> 8550.00		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required