



Invoice

Invoice No: 252602426

Patient Name: Ms. Nisha Deshmukh/HOC/2602/01378

Pay Mode: Card

Invoice Date: 10-02-2026

Doctor: Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Contrast Enhanced Mammography(Unilateral)	10000.00
2	USG Breast	2950.00
Total Amount: 12950.00		
Less Discount (-): 2590.00		
Grand Total: 10360.00		
Received Amount (-): 10360.00		
Balance Amount: 0.00		

This is a computer generated invoice hence no signature is required