



## **Invoice**

**Invoice No:** 252602511

**Patient Name:** Ms. Shalini Prakesh/HOC/2602/01399

**Pay Mode:** UPI

**Invoice Date:** 18-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Consultation	2000.00
2	USG Breast	2950.00

**Total Amount: 4950.00**

**Less Discount (-): 0.00**

**Grand Total: 4950.00**

**Received Amount (-): 2950.00**

**Balance Amount: 2000.00**

This is a computer generated invoice hence no signature is required