DIVYA IMAGING CENTER

BILL RECEIPT

BILL NO: 7 **BILL DATE:** 02-10-2025

Patient Name: Shahrukh Mobile No:

Age & Gender: 56 / Male **Ref. Physician:** Dr. Rayyan

Investigation Name	Amount
CT - CT endochrime	2,000.00
MRI - MRI brain	10,000.00

Sub Total: 12000.00

Disc Amt: 888.00

TOTAL: 11112.00