

# DIVYA IMAGING CENTER

BILL RECEIPT

**BILL NO:** 20

**Patient Name:** ratna

**Age & Gender:** 50 / Male

**Ref. Physician:** Dr. Krishna Reddy

**BILL DATE:** 22-10-2025

**Mobile No:** 07416144064

Investigation Name	Amount
MRI - Brain	2,000.00

Sub Total:

2000.00

Disc Amt:

50.00

**TOTAL:**

**1950.00**