DIVYA IMAGING CENTER

BILL RECEIPT

BILL NO: 19

BILL DATE: 22-10-2025

Patient Name: rtwewfrgt

Mobile No:

Age & Gender: 34 / Male

Ref. Physician: Self

Investigation Name	Amount
CT - 3D JOINTS SCAN	5,000.00

Sub Total:	5000.00
Disc Amt:	0.00
TOTAL:	**5000.00**