

# DIVYA IMAGING CENTER

# BILL RECEIPT

**BILL NO: 13****BILL DATE:** 20-10-2025

**Patient Name:** Ratnachand Kancharlawwwwwwww

**Mobile No:** 9494990433

**Age & Gender:** 25 / Male

**Ref. Physician:** Dr. ashi sharma

Investigation Name	Amount
CT - CT knee	500.00
US - US chest	500.00
MRI - MRI brain	10,000.00

Sub Total:	11000.00
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Disc Amt:	0.00
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**TOTAL: 11000.00**