DIVYA IMAGING CENTER

BILL RECEIPT

BILL NO: 8 **BILL DATE:** 11-10-2025

Patient Name: moti Mobile No: 09989459444

Age & Gender: 23 / Male
Ref. Physician: Dr. Rayyan

Investigation Name	Amount
MRI - hkheh	2,428.00

 Sub Total:
 2428.00

 Disc Amt:
 250.00

TOTAL: 2178.00