

DIVYA IMAGING CENTER

BILL RECEIPT

BILL NO: 18

Patient Name: Rayyu

Age & Gender: 55 / Male

Ref. Physician: Dr. Rayyan

BILL DATE: 21-10-2025

Mobile No: 7386006448

Investigation Name	Amount
MRI - hkkeh	2,428.00
MRI - FINGER	1,500.00

Sub Total:

3928.00

Disc Amt:

500.00

TOTAL:

3428.00