

# DIVYA IMAGING CENTER

## BILL RECEIPT

**BILL NO:** 17

**Patient Name:** Subbu

**Age & Gender:** 7 / Male

**Ref. Physician:** Dr. Rayyan

**BILL DATE:** 21-10-2025

**Mobile No:** 07416144064

Investigation Name	Amount
MRI - joints	10,000.00
MRI - dgtth	46,232.00

Sub Total:

56232.00

Disc Amt:

2000.00

TOTAL:

54232.00