

# DIVYA IMAGING CENTER

## BILL RECEIPT

**BILL NO:** 11

**BILL DATE:** 20-10-2025

**Patient Name:** Ratnachand Kancharla

**Mobile No:** 9494990433

**Age & Gender:** 20 / Male

**Ref. Physician:** Dr. Lahari

Investigation Name	Amount
MRI - MRI brain	10,000.00

Sub Total:	10000.00
Disc Amt:	0.00
<b>TOTAL:</b>	<b>10000.00</b>