General Bill - Cash

Bill No	:	**OP46916**	HR No	:	**25610**
Bill Date	:	**01-09-2026 11:39:59 AM**	Age/Sex	:	**35Y 4M / Female**
Patient Name	:	**Mrs. JEYA JOTHI**			

Description	Amount
Dr. Soneya P	
1. Scaling	**1,500.00**
2. Dental X - RAY	**250.00**
Bill Amount	**1,750.00**

Received Amount	:	**Rs. 1750.00**
Received Amount in Words	:	**One thousand seven hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.