General Bill - Cash

Bill No	:	**OP46005**	HR No	:	**25140**
Bill Date	:	**08-08-2026 05:05:00 PM**	Age/Sex	:	**25Y 9M / Female**
Patient Name	:	**Mrs. N.VASANTHI**			

Description	Amount
Dr. Gopinath V M	
1. DOPPLER BOTH LOWER LIMB ARTERIES	**5,000.00**
Bill Amount	**5,000.00**

Received Amount	:	**Rs. 5000.00**
Received Amount in Words	:	**Five thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
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.