General Bill - Cash

Bill No	:	**OP47477**	HR No	:	**25842**
Bill Date	:	**18-09-2026 08:01:20 PM**	Age/Sex	:	**34Y 1M / Female**
Patient Name	:	**Miss. SHARIN C.K.**			

Description	Amount
Dr. Sarojini R	
1. CRP C-Reactive Protein	**550.00**
2. *Dengue NS1	**1,070.00**
3. Complete Blood Count & ESR	**440.00**
4. Consultation Fees	**600.00**
1. Registration Charges	**100.00**
Bill Amount	**2,760.00**

Received Amount	:	**Rs. 2760.00**
Received Amount in Words	:	**Two thousand seven hundred and sixty 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.