General Bill - Cash

Bill No	:	**OP47371**	HR No	:	**20024**
Bill Date	:	**15-09-2026 02:01:33 PM**	Age/Sex	:	**21Y / Male**
Patient Name	:	**Mr. ABINAV S.T.**			

Description	Amount
Dr. Chokkalingam B	
Dr. Faheem	
1. Exercise Therapy	**500.00**
Bill Amount	**500.00**

Received Amount	:	**Rs. 500.00**
Received Amount in Words	:	**Five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.