General Bill - Cash

Bill No	:	**OP46877**	HR No	:	**24615**
Bill Date	:	**31-08-2026 01:55:01 PM**	Age/Sex	:	**54Y 3M / Male**
Patient Name	:	**Mr. S. KUMARAN**			

Description	Amount
Dr. Murali K	
1. X-RAY LEFT FOOT AP/OBLIQUE	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
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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