General Bill - Cash

Bill No	:	**OP46220**	HR No	:	**18348**
Bill Date	:	**15-08-2026 02:07:25 PM**	Age/Sex	:	**37Y 5M / Male**
Patient Name	:	**Mr. JAYANT R**			

Description	Amount
Dr. Roshini S	
1. Foot Test	**2,500.00**
Bill Amount	**2,500.00**

Received Amount	:	**Rs. 2500.00**
Received Amount in Words	:	**Two thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
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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