General Bill - Cash

Bill No	:	**OP46357**	HR No	:	**25285**
Bill Date	:	**19-08-2026 03:13:34 PM**	Age/Sex	:	**31Y / Male**
Patient Name	:	**Dr. SRIPRIYA**			

Description	Amount
Dr. Murali J	
1. USG BREAST	**3,500.00**
Dr. Sarita Vinod	
1. Registration Charges	**100.00**
Bill Amount	**3,600.00**

Received Amount	:	**Rs. 3600.00**
Received Amount in Words	:	**Three thousand six hundred 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.