

General Bill - Cash

Bill No : **OP46247** HR No : **25215**
Bill Date : **16-08-2026 01:12:43 PM** Age/Sex : **52Y / Male**
Patient Name : **Mr. Jagadish**

Description	Amount
Dr. Duraisrinivasan	
1. IM Injection	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One 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.