General Bill - Cash

Bill No	:	**OP46592**	HR No	:	**25383**
Bill Date	:	**25-08-2026 07:08:03 PM**	Age/Sex	:	**24Y 4M / Female**
Patient Name	:	**Miss. ROSHINI DEVI**			

Description	Amount
Dr. Syed Ahamed Mufthah	
1. Pulmonary Function Test (PFT)	**750.00**
2. Registration Charges	**100.00**
Bill Amount	**850.00**

Received Amount	:	**Rs. 850.00**
Received Amount in Words	:	**Eight hundred and fifty 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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