General Bill - Cash

Bill No	:	**OP47139**	HR No	:	**24595**
Bill Date	:	**07-09-2026 04:41:04 PM**	Age/Sex	:	**30Y 2M / Female**
Patient Name	:	**Mrs. MANGPINENG VAIPHEI**			

Description	Amount
Dr. Samurudeen	
1. Liver Function Test	**830.00**
2. Complete Blood Count & ESR	**440.00**
3. Renal Function Test	**700.00**
Bill Amount	**1,970.00**

Received Amount	:	**Rs. 1970.00**
Received Amount in Words	:	**One thousand nine hundred and seventy only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.