

General Bill - Cash

Bill No : **OP46406** HR No : **25079**
Bill Date : **20-08-2026 12:33:03 PM** Age/Sex : **35Y 1M / Female**
Patient Name : **Ms. NISHA J**

Description	Amount
Dr. Vijayan J	
1. Suture Removal Charge	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **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.