Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47659**	HR No	:	**1018**
Bill Date	:	**23-09-2026 04:15:55 PM**	Age/Sex	:	**87Y 1M / Female**
Patient Name	:	**Mrs. SARASWATHI M**			

Description	Amount
Dr. Sarita Vinod	
1. CRP C-Reactive Protein	**550.00**
2. Urea	**220.00**
3. Creatinine	**290.00**
4. Liver Function Test	**830.00**
5. Electrolytes	**560.00**
6. Complete Blood Count & ESR	**440.00**
7. Urine Routine Analysis	**180.00**
8. X-RAY CHEST PA	**800.00**
Bill Amount	**3,870.00**

Received Amount	:	**Rs. 3870.00**
Received Amount in Words	:	**Three thousand eight hundred and seventy 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.