General Bill - Cash

Bill No	:	**OP47609**	HR No	:	**25896**
Bill Date	:	**22-09-2026 03:27:06 PM**	Age/Sex	:	**18Y 11M / Female**
Patient Name	:	**Miss. RITHANYA**			

Description	Amount
Dr. Ilavarasan S	
1. X-RAY RIGHT HAND AP/LAT	**800.00**
2. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,900.00**

Received Amount	:	**Rs. 1900.00**
Received Amount in Words	:	**One thousand nine hundred 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.