General Bill - Cash

Bill No	:	**OP47719**	HR No	:	**5626**
Bill Date	:	**25-09-2026 07:34:46 AM**	Age/Sex	:	**53Y 4M / Female**
Patient Name	:	**Mrs. KARPAGAM**			

Description	Amount
1. Fasting Plasma Glucose	**85.00**
2. PPBS - Post Prandial Plasma Glucose	**85.00**
Bill Amount	**170.00**

Received Amount	:	**Rs. 170.00**
Received Amount in Words	:	**One hundred and seventy only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
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.