General Bill - Cash

Bill No	:	**OP46492**	HR No	:	**25337**
Bill Date	:	**22-08-2026 01:26:47 PM**	Age/Sex	:	**56Y / Female**
Patient Name	:	**Mrs. HATHIJA**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT HAND AP/LAT	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
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.