

General Bill - Cash

Bill No : **OP46958** HR No : **51**
Bill Date : **01-09-2026 10:03:42 PM** Age/Sex : **81Y 8M / Male**
Patient Name : **Mr. SUNDAR VENKATARAMAN**

Description	Amount
Dr. Sarita Vinod	
1. IM Injection	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One 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.