General Bill - Cash

Bill No	:	**OP47194**	HR No	:	**17115**
Bill Date	:	**09-09-2026 10:23:50 AM**	Age/Sex	:	**82Y 10M / Female**
Patient Name	:	**Mrs. THILAGAM VR**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Electrolytes	**560.00**
4. Urine Pr/Cr Ratio	**620.00**
5. USG ABDOMEN	**2,000.00**
6. Consultation Fees	**1,000.00**
Bill Amount	**4,690.00**

Received Amount	:	**Rs. 4690.00**
Received Amount in Words	:	**Four thousand six hundred and ninety 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.