Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47619**	HR No	:	**24273**
Bill Date	:	**22-09-2026 05:32:46 PM**	Age/Sex	:	**79Y 10M / Female**
Patient Name	:	**Mrs. JAYALAKSHMI**			

Description	Amount
Dr. Sarita Vinod	
1. X-RAY CHEST PA	**800.00**
Dr. Vishnu Prasanth	
1. Consultation Fees	**800.00**
Bill Amount	**1,600.00**

Received Amount	:	**Rs. 1600.00**
Received Amount in Words	:	**One thousand six hundred 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.