General Bill - Cash

Bill No	:	**OP46853**	HR No	:	**25417**
Bill Date	:	**31-08-2026 07:46:59 AM**	Age/Sex	:	**21Y 3M / Female**
Patient Name	:	**Miss. EVANGELIN MERCY D.**			

Description	Amount
Dr. Veena V C	
1. Free T4	**330.00**
2. Fasting Plasma Glucose	**85.00**
3. Vit-D 25-Hydroxy Vitamin D	**1,690.00**
4. Vitamin B12	**1,300.00**
5. Procalcitonin	**3,330.00**
6. Complete Blood Count & ESR	**440.00**
7. HbA1c	**550.00**
Bill Amount	**7,725.00**

Received Amount	:	**Rs. 7725.00**
Received Amount in Words	:	**Seven thousand seven hundred and twenty-five 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.