General Bill - Cash

Bill No	:	**OP46077**	HR No	:	**25181**
Bill Date	:	**11-08-2026 12:47:24 PM**	Age/Sex	:	**32Y / Male**
Patient Name	:	**Mr. MANIKANDAN**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT LEG AP/LAT	**800.00**
2. Consultation Fees	**1,500.00**
1. Registration Charges	**100.00**
Bill Amount	**2,400.00**

Mode of Payment : **E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
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.