

General Bill - Cash

Bill No : **OP46015** HR No : **25146**
Bill Date : **09-08-2026 09:52:19 AM** Age/Sex : **32Y / Female**
Patient Name : **Mrs. VANDANA**

Description	Amount
Dr. Soneya P	
1. CT SCREENING ABDOMEN	2,500.00
2. Registration Charges	100.00
Bill Amount	2,600.00

Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.