General Bill - Cash

Bill No	:	**OP46013**	HR No	:	**25146**
Bill Date	:	**09-08-2026 09:40:26 AM**	Age/Sex	:	**32Y / Female**
Patient Name	:	**Mrs. VANDANA**			

Description	Amount
Dr. Soneya P	
1. CT SCAN ABDOMEN	**5,500.00**
1. Registration Charges	**100.00**
Bill Amount	**5,600.00**

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.

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