

General Bill - Cash

Bill No : **OP47193** HR No : **9754**
Bill Date : **09-09-2026 10:01:51 AM** Age/Sex : **55Y 6M / Female**
Patient Name : **Ms. B. SHAKILA**

Description	Amount
Dr. Murali J	
1. USG ABDOMEN WITH PVV	2,000.00
Bill Amount	2,000.00

Received Amount : **Rs. 2000.00**
Received Amount in Words : **Two thousand only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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