Vinita HOSPITAL
NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47554**	HR No	:	**25873**
Bill Date	:	**21-09-2026 03:36:21 PM**	Age/Sex	:	**27Y 8M / Female**
Patient Name	:	**Miss. GARIMA GUPTA**			

Description	Amount
Dr. Krishna Kumaran A	
1. CRP C-Reactive Protein	**550.00**
2. *Dengue NS1	**1,070.00**
3. *MP (QBC)	**425.00**
4. *Peripheral Smear	**380.00**
5. Liver Function Test	**830.00**
6. Complete Blood Count & ESR	**440.00**
7. Urine Routine Analysis	**180.00**
8. Renal Function Test	**700.00**
9. Electrolytes	**560.00**
10. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**6,235.00**

Received Amount	:	**Rs. 6235.00**
Received Amount in Words	:	**Six thousand two hundred and thirty-five 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.