General Bill - Cash

Bill No	:	**OP47294**	HR No	:	**25016**
Bill Date	:	**12-09-2026 07:55:06 AM**	Age/Sex	:	**23Y 8M / Male**
Patient Name	:	**Mr. ARJUN**			

Description	Amount
Dr. Krishna Kumaran A	
1. Stool Routine	**305.00**
Bill Amount	**305.00**

Received Amount	:	**Rs. 305.00**
Received Amount in Words	:	**Three hundred and five only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
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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