General Bill - Cash

Bill No	:	**OP45915**	HR No	:	**25083**
Bill Date	:	**05-08-2026 05:52:42 PM**	Age/Sex	:	**20Y 1M / Female**
Patient Name	:	**Miss. SHREYAA**			

Description	Amount
Dr. Veena V C	
1. TSH	**370.00**
2. Free T4	**330.00**
3. RBS - Random Plasma Glucose	**85.00**
4. *Prolactin	**540.00**
5. Complete Blood Count & ESR	**440.00**
6. HbA1c	**550.00**
7. Consultation Fees	**800.00**
1. Registration Charges	**100.00**
Bill Amount	**3,215.00**

Received Amount	:	**Rs. 3215.00**
Received Amount in Words	:	**Three thousand two hundred and fifteen only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.