General Bill - Cash

Bill No	:	**OP47634**	HR No	:	**25388**
Bill Date	:	**22-09-2026 07:11:21 PM**	Age/Sex	:	**30Y 9M / Female**
Patient Name	:	**Mrs. DAKSHA TYAGI**			

Description	Amount
Dr. Veena V C	
1. Complete Blood Count & ESR	**440.00**
2. Urine Routine Analysis	**180.00**
3. Consultation Fees	**1,200.00**
Bill Amount	**1,820.00**

Received Amount	:	**Rs. 1820.00**
Received Amount in Words	:	**One thousand eight hundred and twenty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash 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.