

## General Bill - Cash

Bill No : **OP46479** HR No : **16232**  
Bill Date : **22-08-2026 10:45:13 AM** Age/Sex : **86Y 4M / Male**  
Patient Name : **Mr. R M SUBRAMANIAN**

| Description             | Amount        |
|-------------------------|---------------|
| <b>Dr. Sarita Vinod</b> |               |
| 1. IM Injection         | <b>100.00</b> |
| <b>Bill Amount</b>      | <b>100.00</b> |

Received Amount : **Rs. 100.00**  
Received Amount in Words : **One hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Cash**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Hemalatha E**  
Authorized Signatories

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