General Bill - Cash

Bill No	:	**OP47156**	HR No	:	**4779**
Bill Date	:	**08-09-2026 07:53:39 AM**	Age/Sex	:	**82Y 7M / Female**
Patient Name	:	**Mrs. SUBBALAKSHMI**			

Description	Amount
Dr. Subramanian.M	
1. DEXA L.S.SPINE	**1,200.00**
Bill Amount	**1,200.00**

Received Amount	:	**Rs. 1200.00**
Received Amount in Words	:	**One thousand two hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
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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