

## General Bill - Cash

Bill No : **OP47386** HR No : **15464**  
Bill Date : **15-09-2026 06:52:41 PM** Age/Sex : **78Y 8M / Male**  
Patient Name : **Mr. NARESH PRASAD AGARWAL**

| Description                                | Amount           |
|--------------------------------------------|------------------|
| <b>Dr. Elancheralathan</b>                 |                  |
| 1. DOPPLER BOTH UPPER LIMB (ARTERY & VEIN) | <b>10,000.00</b> |
| <b>Bill Amount</b>                         | <b>10,000.00</b> |

Mode of Payment : **Card**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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