General Bill - Cash

Bill No	:	**OP46662**	HR No	:	**4278**
Bill Date	:	**28-08-2026 11:43:47 AM**	Age/Sex	:	**65Y 7M / Female**
Patient Name	:	**Ms. SUMAN JADHAV**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY LEFT ANKLE AP/LAT	**800.00**
2. X-RAY RIGHT FOOT AP/OBLIQUE	**800.00**
3. Consultation Fees	**1,000.00**
Bill Amount	**2,600.00**

Received Amount	:	**Rs. 2600.00**
Received Amount in Words	:	**Two thousand six hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
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.