

General Bill - Cash

Bill No : **OP46003** HR No : **25138**
Bill Date : **08-08-2026 04:32:18 PM** Age/Sex : **71Y 11M / Female**
Patient Name : **Mrs. KALYANI DAKSHINAMOORTHY**

Description	Amount
Dr. Suresh P	
1. DEXA - Spine, Dual femur, Wrist (BMD)	3,000.00
Bill Amount	3,000.00

Received Amount : **Rs. 3000.00**
Received Amount in Words : **Three thousand 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.