General Bill - Cash

Bill No	:	**OP47500**	HR No	:	**21067**
Bill Date	:	**19-09-2026 02:38:20 PM**	Age/Sex	:	**44Y 6M / Female**
Patient Name	:	**Mrs. ARCHANA RAJAGOPAL**			

Description	Amount
Dr. Sanchaya Selvaraj	
1. USG BREAST	**3,500.00**
Bill Amount	**3,500.00**

Received Amount	:	**Rs. 3500.00**
Received Amount in Words	:	**Three thousand five 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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