General Bill - Cash

Bill No	:	**OP46274**	HR No	:	**16350**
Bill Date	:	**17-08-2026 04:12:31 PM**	Age/Sex	:	**61Y 1M / Male**
Patient Name	:	**Mr. MADAN CHAND M**			

Description	Amount
Dr. Sarita Vinod	
1. X-RAY ABDOMEN	**700.00**
Bill Amount	**700.00**

Received Amount	:	**Rs. 700.00**
Received Amount in Words	:	**Seven hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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