General Bill - Cash

Bill No	:	**OP46460**	HR No	:	**16332**
Bill Date	:	**21-08-2026 04:00:31 PM**	Age/Sex	:	**81Y / Female**
Patient Name	:	**Ms. K H AMBU**			

Description	Amount
Dr. Sarita Vinod	
1. Electrolytes	**560.00**
2. Consultation Fees	**1,000.00**
Bill Amount	**1,560.00**

Received Amount	:	**Rs. 1560.00**
Received Amount in Words	:	**One thousand five hundred and sixty 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.