

General Bill - Cash

Bill No : **OP46475** HR No : **13061**
Bill Date : **22-08-2026 09:10:28 AM** Age/Sex : **63Y / Male**
Patient Name : **Mr. NIMISH TOLIA**

Description	Amount
Dr. Sarita Vinod	
1. USG ABDOMEN WITH PELVIS	2,500.00
2. Uroflowmetry	1,500.00
Bill Amount	4,000.00

Received Amount : **Rs. 4000.00**
Received Amount in Words : **Four thousand only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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