

General Bill - Cash

Bill No : **OP46399** HR No : **25256**
Bill Date : **20-08-2026 11:45:38 AM** Age/Sex : **75Y 7M / Male**
Patient Name : **Mr. R K JHAVER**

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**

Jeevitha P
Authorized Signatories

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