

General Bill - Cash

Bill No : **OP47516** HR No : **510**
Bill Date : **19-09-2026 07:07:13 PM** Age/Sex : **65Y 11M / Female**
Patient Name : **Ms. Santha Ramamurthy**

Description	Amount
Dr. Madhuri A N S	
1. CT SCAN BRAIN PLAIN	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.