Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47442**	HR No	:	**24036**
Bill Date	:	**17-09-2026 03:15:57 PM**	Age/Sex	:	**53Y 4M / Female**
Patient Name	:	**Mrs. ANNALAKSHMI**			

Description	Amount
Dr. Ilavarasan S	
1. CRP C-Reactive Protein	**550.00**
2. Uric Acid	**230.00**
3. *Rheumatoid Factor	**670.00**
4. *Anti CCP	**1,650.00**
5. Complete Blood Count & ESR	**440.00**
Bill Amount	**3,540.00**

Received Amount	:	**Rs. 3540.00**
Received Amount in Words	:	**Three thousand five hundred and fourty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.