

General Bill - Cash

Bill No : **OP46320** HR No : **25274**
Bill Date : **18-08-2026 04:45:11 PM** Age/Sex : **60Y / Female**
Patient Name : **Ms. KIRAN**

Description	Amount
Dr. Krishna Kumaran A	
1. IM Injection	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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