# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP47534** | HR No | : | **15606** |
| Bill Date | : | **21-09-2026 12:08:42 PM** | Age/Sex | : | **65Y 5M / Female** |
| Patient Name | : | **Ms. SHYAMALA BALAKRISHNAN** | | | |

| Description | Amount |
|---|---|
| **Dr. Sarita Vinod** | |
| 1. Urea | **220.00** |
| 2. Creatinine | **290.00** |
| 3. Complete Blood Count & ESR | **440.00** |
| 4. Urine Routine Analysis | **180.00** |
| 5. Consultation Fees | **1,000.00** |
| | |
| **Bill Amount** | **2,130.00** |

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.

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**A unit of Vijay Ganga Speciality Care Pvt. Ltd.**