Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP46362**	HR No	:	**95**
Bill Date	:	**19-08-2026 04:16:10 PM**	Age/Sex	:	**71Y 7M / Male**
Patient Name	:	**Mr. RATHAKRISHNAN. D**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Electrolytes	**560.00**
4. Complete Blood Count & ESR	**440.00**
5. Lipid Profile	**700.00**
6. Urine Routine Analysis	**180.00**
7. HbA1c	**550.00**
8. Urine Pr/Cr Ratio	**620.00**
Bill Amount	**3,560.00**

Received Amount	:	**Rs. 3560.00**
Received Amount in Words	:	**Three thousand five hundred and sixty 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.