General Bill - Cash

Bill No	:	**OP46391**	HR No	:	**10199**
Bill Date	:	**20-08-2026 09:56:02 AM**	Age/Sex	:	**63Y 7M / Male**
Patient Name	:	**Mr. HARIDOSS**			

Description	Amount
Dr. Krishna Kumaran A	
1. DOPPLER BOTH LOWER LIMB VENOUS	**5,000.00**
2. Consultation Fees	**1,000.00**
Bill Amount	**6,000.00**

Received Amount	:	**Rs. 6000.00**
Received Amount in Words	:	**Six thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
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.