

General Bill - Cash

Bill No : **OP46135** HR No : **23571**
Bill Date : **13-08-2026 12:28:02 PM** Age/Sex : **46Y 5M / Male**
Patient Name : **Mr. TAMILVANAN**

Description	Amount
Dr. Krishna Kumaran A	
1. Blood Group & Rh Type	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**

Jeevitha P
Authorized Signatories

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