General Bill - Cash

Bill No	:	**OP46951**	HR No	:	**300**
Bill Date	:	**01-09-2026 06:53:45 PM**	Age/Sex	:	**66Y / Female**
Patient Name	:	**Ms. RANI A.**			

Description	Amount
Dr. Sarita Vinod	
1. Complete Blood Count & ESR	**440.00**
2. HbA1c	**550.00**
3. Urinary Albumin Creatinine Ratio	**595.00**
4. IM Injection	**100.00**
Bill Amount	**1,685.00**

Received Amount	:	**Rs. 1685.00**
Received Amount in Words	:	**One thousand six hundred and eighty-five only**
Balance Amount	:	**Rs. 0.00**
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.