Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP46133**	HR No	:	**12037**
Bill Date	:	**13-08-2026 11:23:40 AM**	Age/Sex	:	**35Y 2M / Female**
Patient Name	:	**Mrs. DR. ROSHNI PRADEEP**			

Description	Amount
Dr. Ilavarasan S	
1. X-RAY FOOT AP/OBLIQUE	**800.00**
Total	**800.00**
Discount	**160.00**
Bill Amount	**640.00**

Received Amount	:	**Rs. 640.00**
Received Amount in Words	:	**Six hundred and fourty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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