General Bill - Cash

Bill No	:	**OP46101**	HR No	:	**14147**
Bill Date	:	**12-08-2026 10:57:54 AM**	Age/Sex	:	**52Y 9M / Female**
Patient Name	:	**Mrs. ANUPRIYA**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY LEFT SHOULDER AP	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
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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