

General Bill - Cash

Bill No : **OP47410** HR No : **14588**
Bill Date : **16-09-2026 05:37:53 PM** Age/Sex : **57Y 4M / Male**
Patient Name : **Mr. Venkitachalam S**

Description	Amount
Dr. Faheem	
1. Ultrasound Therapy	700.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred 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.