General Bill - Cash

Bill No	:	**OP46690**	HR No	:	**24208**
Bill Date	:	**29-08-2026 10:57:40 AM**	Age/Sex	:	**21Y 10M / Female**
Patient Name	:	**Ms. S KALAIYARASI**			

Description	Amount
Dr. Sarita Vinod	
1. Electrolytes	**560.00**
2. Urine Pr/Cr Ratio	**620.00**
3. Renal Function Test	**700.00**
4. Consultation Fees	**1,000.00**
Bill Amount	**2,880.00**

Received Amount	:	**Rs. 2880.00**
Received Amount in Words	:	**Two thousand eight hundred and eighty 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.