General Bill - Cash

Bill No	:	**OP49104**	HR No	:	**145**
Bill Date	:	**15-11-2026 10:15:09 AM**	Age/Sex	:	**57Y 5M / Female**
Patient Name	:	**Mrs. Vijaya Kumarappan**			

Description	Amount
Dr. Sarita Vinod	
1. TSH	**370.00**
2. Urea	**220.00**
3. Calcium	**290.00**
4. Phosphorous	**270.00**
5. Creatinine	**290.00**
6. Vit-D 25-Hydroxy Vitamin D	**1,690.00**
7. Electrolytes	**560.00**
8. Complete Blood Count & ESR	**440.00**
9. Urine Pr/Cr Ratio	**620.00**
Bill Amount	**4,750.00**

Received Amount	:	**Rs. 4750.00**
Received Amount in Words	:	**Four thousand seven hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Chandrakala M
Authorized Signatories

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

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