

## General Bill - Cash

Bill No : **OP43773** HR No : **24168**  
Bill Date : **04-06-2026 04:58:09 PM** Age/Sex : **26Y 7M / Female**  
Patient Name : **Miss. CHANDINI BHANDARI**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. IM Injection	<b>100.00</b>
<b>Bill Amount</b>	<b>100.00</b>

Received Amount : **Rs. 100.00**  
Received Amount in Words : **One hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Cash**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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