

General Bill - Cash

Bill No : **OP43741** HR No : **16698**
Bill Date : **02-06-2026 07:25:24 PM** Age/Sex : **64Y 5M / Male**
Patient Name : **Mr. BADARINARAYANA**

Description	Amount
Dr. Niveanthini Thangaraj	
1. IM Injection	100.00
Bill Amount	100.00

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.