Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**1790**	Receipt No	:	**046821**
Patient Name	:	**Mrs. DHARANI PRASAD**	Receipt Date	:	**04-06-2026 | 12:13:33 pm**
Age	:	**70Y 5M / Female**			

Received **Rs.Two Thousand Eight Hundred (2800)**___ only from **Mr./ Ms.** DHARANI PRASAD __on the account of / for the purpose of **dialysis payment** ___ in the mode of **, Card - 091542**__ with thanks.

Authorized Signatory

This is a system-generated receipt. 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.