

General Bill - Cash

Bill No : **OP43696** HR No : **20739**
Bill Date : **01-06-2026 03:18:07 PM** Age/Sex : **60Y 10M / Female**
Patient Name : **Ms. RANI V**

| Description | Amount |
|-----------------------------------|-----------------|
| Dr. Priyavadhana | |
| 1. *IHC (ER, PR, HER2NEU, KI67) | 6,500.00 |
| 2. Consultation Fees | 1,000.00 |
| Bill Amount | 7,500.00 |

Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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