

General Bill - Cash

Bill No : **OP43664** HR No : **24171**
Bill Date : **30-05-2026 10:29:07 AM** Age/Sex : **66Y 6M / Male**
Patient Name : **Mr. SRIDHAR L**

Description	Amount
Dr. Sarita Vinod	
1. *URINE CULTURE & SENSITIVITY	550.00
2. ECG	400.00
3. ECHO CARDIOGRAM	3,000.00
4. X-RAY Chest PA View	700.00
Bill Amount	4,650.00

Received Amount : **Rs. 4650.00**
Received Amount in Words : **Four thousand six hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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