Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**3139**	Receipt No	:	**046800**
Patient Name	:	**Mr. ANBAZHAGAN A**	Receipt Date	:	**03-06-2026 | 11:15:45 am**
Age	:	**62Y / Male**			

Received **Rs.One Thousand Seven Hundred (1700)**___ only from **Mr./ Ms.** ANBAZHAGAN A/patient __on the account of / for the purpose of **dialysis payment** ___ in the mode of **Cash**__ 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.