Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**11601**	Receipt No	:	**046825**
Patient Name	:	**Ms. SHAKILA CR**	Receipt Date	:	**04-06-2026 | 03:49:58 pm**
Age	:	**60Y 4M / Female**			

Received **Rs.Three Thousand Two Hundred (3200)**___ only from **Mr./ Ms.** SHAKILA CR / ATTENDER__on the account of / for the purpose of **DIALYSIS PAYMENT**___ in the mode of **, Card - 637338**__ 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
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