

## General Bill - Cash

Bill No : **OP43719** HR No : **24208**  
Bill Date : **02-06-2026 08:34:16 AM** Age/Sex : **21Y 7M / Female**  
Patient Name : **Ms. S KALAIYARASI**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. Urea	<b>220.00</b>
2. Creatinine	<b>290.00</b>
3. Electrolytes	<b>540.00</b>
4. Complete Blood Count & ESR	<b>390.00</b>
5. Urine Pr/Cr Ratio	<b>580.00</b>
6. Consultation Fees	<b>1,000.00</b>
1. Registration Charges	<b>100.00</b>
<b>Bill Amount</b>	<b>3,120.00</b>

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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