Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45303**	HR No	:	**18991**
Bill Date	:	**21-07-2026 07:45:12 PM**	Age/Sex	:	**25Y 7M / Female**
Patient Name	:	**Miss. ADHILAKSHMI .T**			

Description	Amount
Dr. Veena V C	
1. Urine Routine Analysis	**170.00**
Total	**170.00**
Discount	**34.00**
Bill Amount	**136.00**

Received Amount	:	**Rs. 136.00**
Received Amount in Words	:	**One hundred and thirty-six only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.