Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45534**	HR No	:	**2912**
Bill Date	:	**27-07-2026 08:19:40 PM**	Age/Sex	:	**40Y 1M / Female**
Patient Name	:	**Ms. SANGEETHA M**			

Description	Amount
Dr. Sarita Vinod	
1. Liver Function Test	**830.00**
2. Electrolytes	**540.00**
3. Complete Blood Count & ESR	**390.00**
4. CT SCAN ABDOMEN	**5,500.00**
Bill Amount	**7,260.00**

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.