

General Bill - Cash

Bill No : **OP43694** HR No : **24173**
Bill Date : **01-06-2026 12:59:27 PM** Age/Sex : **26Y / Male**
Patient Name : **Mr. KRITHK SHRAVAN**

Description	Amount
Dr. Janani P	
1. IM Injection	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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