

General Bill - Cash

Bill No : **OP45872** HR No : **25078**
Bill Date : **04-08-2026 01:01:17 PM** Age/Sex : **55Y 2M / Female**
Patient Name : **Ms. N. ANITHA**

Description	Amount
Dr. Harrini Devi	
1. Hemoglobin	170.00
2. Electrolytes	560.00
3. Renal Function Test	990.00
Bill Amount	1,720.00

Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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