

General Bill - Cash

Bill No : **OP43804** HR No : **441**
Bill Date : **05-06-2026 03:54:26 PM** Age/Sex : **60Y 10M / Female**
Patient Name : **Mrs. Kalarani**

Description	Amount
Dr. Sarita Vinod	
1. Liver Function Test	830.00
2. Electrolytes	540.00
3. Complete Blood Count & ESR	390.00
Bill Amount	1,760.00

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

Tharakavi S
Authorized Signatories

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