General Bill - Cash

Bill No	:	**OP45369**	HR No	:	**24485**
Bill Date	:	**23-07-2026 12:03:52 PM**	Age/Sex	:	**69Y 1M / Female**
Patient Name	:	**Mrs. SHANTHI PRAVEEN**			

Description	Amount
Dr. Sarita Vinod	
1. Electrolytes	**540.00**
2. Complete Blood Count & ESR	**390.00**
3. Renal Function Test	**650.00**
4. Consultation Fees	**1,000.00**
Bill Amount	**2,580.00**

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.

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