General Bill - Cash

Bill No	:	**OP48963**	HR No	:	**14721**
Bill Date	:	**11-11-2026 02:42:46 PM**	Age/Sex	:	**58Y 5M / Female**
Patient Name	:	**Mrs. BUVANESWARI G.**			

Description	Amount
Dr. Madhuri A N S	
1. *Ceruloplasmin Level	**1,580.00**
Dr. Aarthi Raman	
1. Consultation Fees	**500.00**
2. Nerve Conduction Study (NCS) All Four Limbs	**4,000.00**
Bill Amount	**6,080.00**

Mode of Payment : **Card E-Payment**

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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.