General Bill - Cash

Bill No	:	**OP48996**	HR No	:	**26084**
Bill Date	:	**12-11-2026 02:45:19 PM**	Age/Sex	:	**16Y 6M / Male**
Patient Name	:	**Mr. SABYASACHI DEY**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Calcium	**290.00**
4. Phosphorous	**270.00**
5. Vit-D 25-Hydroxy Vitamin D	**1,690.00**
6. Anti HBS Antibody	**1,190.00**
7. Liver Function Test	**830.00**
8. Electrolytes	**560.00**
9. Complete Blood Count & ESR	**440.00**
10. Lipid Profile	**700.00**
11. Urine Routine Analysis	**180.00**
12. Urine Pr/Cr Ratio	**620.00**
13. ECG	**400.00**
14. ECHO CARDIOGRAM	**3,000.00**
Dr. Murali J	
1. USG ABDOMEN WITH PVV	**2,000.00**
Bill Amount	**12,680.00**

Received Amount	:	**Rs. 12680.00**
Received Amount in Words	:	**Twelve thousand six hundred and eighty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.

Chandrakala M
Authorized Signatories

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

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