Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45301**	HR No	:	**24885**
Bill Date	:	**21-07-2026 07:32:58 PM**	Age/Sex	:	**26Y 2M / Female**
Patient Name	:	**Mrs. FLAVIA**			

Description	Amount
Dr. Veena V C	
1. RBS - Random Plasma Glucose	**80.00**
2. TSH	**370.00**
3. Free T4	**330.00**
4. Complete Blood Count & ESR	**390.00**
5. HbA1c	**540.00**
6. USG GYNAE SCREENING	**400.00**
Bill Amount	**2,110.00**

Received Amount	:	**Rs. 3410.00**
Received Amount in Words	:	**Three thousand four hundred and ten only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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