

## General Bill - Cash

Bill No : **OP43758** HR No : **15183**  
Bill Date : **03-06-2026 04:48:37 PM** Age/Sex : **86Y 1M / Male**  
Patient Name : **Mr. P. SARANGAPANI**

Description	Amount
<b>Dr. Ranjiith G. Dhakshina</b>	
1. Electrolytes	<b>540.00</b>
2. ECHO SCREENING	<b>1,000.00</b>
<b>Bill Amount</b>	<b>1,540.00</b>

Received Amount : **Rs. 1540.00**  
Received Amount in Words : **One thousand five hundred and forty only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Card**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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