General Bill - Cash

Bill No	:	**OP44770**	HR No	:	**24659**
Bill Date	:	**08-07-2026 04:49:10 PM**	Age/Sex	:	**29Y 1M / Male**
Patient Name	:	**Mr. MUNIPRASAD AYYA**			

Description	Amount
Dr. Sarita Vinod	
1. DEXA TOTAL BODY	**4,000.00**
Total	**4,000.00**
Discount	**2,000.00**
Bill Amount	**2,000.00**

Received Amount	:	**Rs. 2000.00**
Received Amount in Words	:	**Two thousand 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.