Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP44488**	HR No	:	**12448**
Bill Date	:	**30-06-2026 05:58:47 PM**	Age/Sex	:	**36Y / Female**
Patient Name	:	**Mrs. SAGANA J**			

Description	Amount
Dr. Veena V C	
1. TSH	**370.00**
2. Free T4	**330.00**
3. RPR	**320.00**
4. Activated Partial Thrombo Plastin Time (APTT)	**400.00**
5. Prothrombin time - PT	**350.00**
6. HBsAg - eCLIA	**1,200.00**
7. HIV Combi PT - eCLIA	**1,200.00**
8. X-RAY Chest AP View	**700.00**
9. Consultation Fees	**800.00**
Bill Amount	**5,670.00**

Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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