

General Bill - Cash

Bill No : **OP45562** HR No : **24973**
Bill Date : **28-07-2026 12:46:30 PM** Age/Sex : **61Y 6M / Male**
Patient Name : **Mr. VIJAYA KUMAR P**

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT FOOT AP/OBLIQUE	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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