General Bill - Cash

Bill No	:	**OP45837**	HR No	:	**25064**
Bill Date	:	**03-08-2026 12:40:44 PM**	Age/Sex	:	**15Y 8M / Male**
Patient Name	:	**Mr. SRIVARTHAN V**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT ANKLE AP/LAT	**800.00**
2. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,900.00**

Mode of Payment : **E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.