General Bill - Cash

Bill No	:	**OP45558**	HR No	:	**24973**
Bill Date	:	**28-07-2026 12:16:45 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**
1. Registration Charges	**100.00**
Bill Amount	**900.00**

Received Amount	:	**Rs. 900.00**
Received Amount in Words	:	**Nine 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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