General Bill - Cash

Bill No	:	**OP45156**	HR No	:	**5559**
Bill Date	:	**18-07-2026 11:18:27 AM**	Age/Sex	:	**71Y 9M / Female**
Patient Name	:	**Mrs. S.JAYALAKSHMI**			

Description	Amount
Dr. Sarita Vinod	
1. Complete Blood Count & ESR	**390.00**
2. Urine Routine Analysis	**170.00**
3. Renal Function Test	**650.00**
4. Consultation Fees	**1,000.00**
Bill Amount	**2,210.00**

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
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.