

## General Bill - Cash

|              |                                 |         |                          |
|--------------|---------------------------------|---------|--------------------------|
| Bill No      | : <b>OP45043</b>                | HR No   | : <b>18128</b>           |
| Bill Date    | : <b>15-07-2026 03:15:29 PM</b> | Age/Sex | : <b>75Y 8M / Female</b> |
| Patient Name | : <b>Mrs. SHARADA RAMAN</b>     |         |                          |

| Description                     | Amount          |
|---------------------------------|-----------------|
| <b>Dr. Sarita Vinod</b>         |                 |
| 1. Troponin-I                   | 1,820.00        |
| 2. Urea                         | 220.00          |
| 3. Creatinine                   | 290.00          |
| 4. *URINE CULTURE & SENSITIVITY | 550.00          |
| 5. Electrolytes                 | 540.00          |
| 6. ECG                          | 400.00          |
| <b>Bill Amount</b>              | <b>3,820.00</b> |

|                 |                                        |  |
|-----------------|----------------------------------------|--|
| Mode of Payment | : <b>Card</b>                          |  |
| Bill Location   | : <b>Vinita Hospital, Nungambakkam</b> |  |

**Tharakavi S**  
Authorized Signatories

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