

General Bill - Cash

Bill No : **OP43678** HR No : **24115**
Bill Date : **30-05-2026 08:30:11 PM** Age/Sex : **46Y / Female**
Patient Name : **Mrs. PREMA**

Description	Amount
Dr. Issac Premkumar	
1. IM Injection	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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