General Bill - Cash

Bill No	:	**OP45321**	HR No	:	**20740**
Bill Date	:	**22-07-2026 12:41:03 PM**	Age/Sex	:	**31Y 2M / Female**
Patient Name	:	**Ms. S.SANDHIYA**			

Description	Amount
Dr. Sarita Vinod	
1. Urine Pr/Cr Ratio	**580.00**
Bill Amount	**580.00**

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.