# Receipt

| | | | | | |
|---|---|---|---|---|---|
| HR No | : | **24273** | Receipt No | : | **050050** |
| Patient Name | : | **Mrs. JAYALAKSHMI** | Receipt Date | : | **10-11-2026 \| 11:38:43 am** |
| Age | : | **80Y / Female** | | | |

Received **Rs.Nine Thousand Four Hundred And Ten (9410)** only from **Mr./ Ms.** JAYALAKSHMI/ATTENDER on the account of / for the purpose of **dialysis payment** in the mode of **Card - 642027**.

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

Authorized Signatory

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.**