Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP44248**	HR No	:	**20980**
Bill Date	:	**23-06-2026 04:28:04 PM**	Age/Sex	:	**40Y / Female**
Patient Name	:	**Mrs. MAYA**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Hemoglobin	**160.00**
Bill Amount	**670.00**

Received Amount	:	**Rs. 670.00**
Received Amount in Words	:	**Six hundred and seventy only**
Balance Amount	:	**Rs. 0.00**
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.

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.