General Bill - Cash

Bill No	:	**OP44718**	HR No	:	**24648**
Bill Date	:	**07-07-2026 12:05:28 PM**	Age/Sex	:	**86Y / Female**
Patient Name	:	**Mrs. PREM KUMBHAT**			

Description	Amount
1. DEXA DUAL FEMUR	**1,200.00**
2. DEXA L.S.SPINE	**1,200.00**
1. Registration Charges	**100.00**
Bill Amount	**2,500.00**

Mode of Payment : **Card E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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