

General Bill - Cash

Bill No : **OP44364** HR No : **24370**
Bill Date : **27-06-2026 11:32:12 AM** Age/Sex : **67Y / Female**
Patient Name : **Mrs. MANGAI E**

Description	Amount
Dr. Ilavarasan S	
1. Major Wound Dressing	750.00
Bill Amount	750.00

Received Amount : **Rs. 750.00**
Received Amount in Words : **Seven hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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