General Bill - Cash

Bill No	:	**OP45437**	HR No	:	**24930**
Bill Date	:	**25-07-2026 11:15:45 AM**	Age/Sex	:	**83Y 2M / Female**
Patient Name	:	**Mrs. VENU MOORTHY**			

Description	Amount
Dr. Sarita Vinod	
1. ECG	**400.00**
2. ECHO CARDIOGRAM	**3,000.00**
1. Registration Charges	**100.00**
Bill Amount	**3,500.00**

Received Amount	:	**Rs. 3500.00**
Received Amount in Words	:	**Three thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.