Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45404**	HR No	:	**23540**
Bill Date	:	**24-07-2026 10:43:25 AM**	Age/Sex	:	**29Y 4M / Female**
Patient Name	:	**Mrs. GOMATHI T**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Electrolytes	**540.00**
4. Complete Blood Count & ESR	**390.00**
5. Urine Pr/Cr Ratio	**580.00**
6. Consultation Fees	**1,000.00**
Bill Amount	**3,020.00**

Received Amount	:	**Rs. 3020.00**
Received Amount in Words	:	**Three thousand and twenty 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.