General Bill - Cash

Bill No	:	**OP44441**	HR No	:	**3380**
Bill Date	:	**29-06-2026 03:57:47 PM**	Age/Sex	:	**69Y 10M / Female**
Patient Name	:	**Mrs. CHRISTINA SHEIGER**			

Description	Amount
Dr. Bhargavi R	
1. Renal Function Test	**650.00**
2. CT SCAN KUB (P & C)	**6,500.00**
Bill Amount	**7,150.00**

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.

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