

General Bill - Cash

Bill No : **OP43757** HR No : **24223**
Bill Date : **03-06-2026 04:33:06 PM** Age/Sex : **55Y 11M / Male**
Patient Name : **Mr. S. THOMAS**

| Description | Amount |
|----------------------------------|---------------|
| 1. Registration Charges | 100.00 |
| Dr. Ranjiith G. Dhakshina | |
| 1. Sugar Check | 100.00 |
| Bill Amount | 200.00 |

Received Amount : **Rs. 200.00**
Received Amount in Words : **Two hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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