General Bill - Cash

Bill No	:	**OP49072**	HR No	:	**25043**
Bill Date	:	**14-11-2026 11:20:43 AM**	Age/Sex	:	**60Y 5M / Female**
Patient Name	:	**Mrs. NALINI**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT ANKLE AP/LAT	**800.00**
2. Consultation Fees	**1,000.00**
Bill Amount	**1,800.00**

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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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