

General Bill - Cash

Bill No : **OP44771** HR No : **24666**
Bill Date : **08-07-2026 05:23:56 PM** Age/Sex : **42Y 11M / Female**
Patient Name : **Mrs. SOWMIYA S**

Description	Amount
1. Registration Charges	100.00
Dr. Edal Queen Reni	
1. IFT - Interferential Therapy	700.00
2. Exercise Therapy	500.00
Bill Amount	1,300.00

Received Amount : **Rs. 1300.00**
Received Amount in Words : **One thousand three hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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