General Bill - Cash

Bill No	:	**OP48995**	HR No	:	**26448**
Bill Date	:	**12-11-2026 02:11:15 PM**	Age/Sex	:	**65Y 5M / Male**
Patient Name	:	**Mr. MURALIDHARAN**			

Description	Amount
Dr. Vigneshwar G U	
1. X-RAY CHEST PA	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Chandrakala 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.