Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45464**	HR No	:	**24936**
Bill Date	:	**25-07-2026 05:23:52 PM**	Age/Sex	:	**59Y / Male**
Patient Name	:	**Mr. D P PRAKASH**			

Description	Amount
Dr. Sarita Vinod	
1. IM Injection	**100.00**
2. Registration Charges	**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**

Jayarajan 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.