General Bill - Cash

Bill No	:	**OP44534**	HR No	:	**16576**
Bill Date	:	**01-07-2026 08:22:09 PM**	Age/Sex	:	**50Y 3M / Female**
Patient Name	:	**Ms. S YUVA RANI**			

Description	Amount
Dr. Sarita Vinod	
1. Complete Blood Count & ESR	**390.00**
2. Urine Routine Analysis	**170.00**
3. HbA1c	**540.00**
Bill Amount	**1,100.00**

Received Amount	:	**Rs. 1100.00**
Received Amount in Words	:	**One thousand one 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.