General Bill - Cash

Bill No	:	**OP49032**	HR No	:	**4278**
Bill Date	:	**13-11-2026 12:14:55 PM**	Age/Sex	:	**65Y 10M / Female**
Patient Name	:	**Ms. SUMAN JADHAV**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT FOOT AP/LAT	**800.00**
Bill Amount	**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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