General Bill - Cash

Bill No	:	**OP45787**	HR No	:	**24966**
Bill Date	:	**01-08-2026 04:01:10 PM**	Age/Sex	:	**69Y 10M / Female**
Patient Name	:	**Mrs. GEETHA M**			

Description	Amount
Dr. Faheem	
1. Ultrasound Therapy	**1,400.00**
Bill Amount	**1,400.00**

Received Amount	:	**Rs. 1400.00**
Received Amount in Words	:	**One thousand four hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
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.