

General Bill - Cash

Bill No : **OP44306** HR No : **9422**
Bill Date : **25-06-2026 12:39:43 PM** Age/Sex : **65Y 1M / Male**
Patient Name : **Mr. P REGHURAMAN**

Description	Amount
Dr. Sarita Vinod	
1. Preventive Screening for Male	4,999.00
Bill Amount	4,999.00

Received Amount : **Rs. 4999.00**
Received Amount in Words : **Four thousand nine hundred and ninety-nine 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.