General Bill - Cash

Bill No	:	**OP44952**	HR No	:	**24588**
Bill Date	:	**13-07-2026 12:40:27 PM**	Age/Sex	:	**79Y / Male**
Patient Name	:	**Mr. RAMASAMY**			

Description	Amount
Dr. Sarita Vinod	
1. Uroflowmetry and PVR	**2,000.00**
Bill Amount	**2,000.00**

Received Amount	:	**Rs. 2000.00**
Received Amount in Words	:	**Two thousand 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.

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