

General Bill - Cash

Bill No : **OP45222** HR No : **24588**
Bill Date : **20-07-2026 03:07:18 PM** Age/Sex : **79Y 1M / Male**
Patient Name : **Mr. RAMASAMY**

Description	Amount
Dr. Sarita Vinod	
1. Urea	220.00
2. Creatinine	290.00
Bill Amount	510.00

Received Amount : **Rs. 510.00**
Received Amount in Words : **Five hundred and ten only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.