

General Bill - Cash

Bill No : **OP44909** HR No : **20446**
Bill Date : **11-07-2026 04:49:50 PM** Age/Sex : **64Y / Male**
Patient Name : **Mr. SHANKAR MENON**

Description	Amount
Dr. Balaji Saibaba	
1. DEXA - Spine, Dual femur, Wrist (BMD)	3,000.00
Bill Amount	3,000.00

Received Amount : **Rs. 3000.00**
Received Amount in Words : **Three thousand 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.