General Bill - Cash

Bill No	:	**OP44415**	HR No	:	**24496**
Bill Date	:	**29-06-2026 11:58:47 AM**	Age/Sex	:	**50Y 4M / Male**
Patient Name	:	**Mr. V. GIRI**			

Description	Amount
Dr. Sarita Vinod	
1. MRI RIGHT SHOULDER JOINT	**5,000.00**
Bill Amount	**5,000.00**

Received Amount	:	**Rs. 5000.00**
Received Amount in Words	:	**Five thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
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.