General Bill - Cash

Bill No	:	**OP44518**	HR No	:	**24563**
Bill Date	:	**01-07-2026 01:05:05 PM**	Age/Sex	:	**73Y 11M / Female**
Patient Name	:	**Mrs. MARY EDVIJ**			

Description	Amount
Dr. Karthi Sundar V	
1. X-RAY RIGHT SHOULDER AP	**800.00**
1. Registration Charges	**100.00**
Bill Amount	**900.00**

Mode of Payment : **E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
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.