General Bill - Cash

Bill No	:	**OP45381**	HR No	:	**24902**
Bill Date	:	**23-07-2026 04:17:52 PM**	Age/Sex	:	**18Y / Male**
Patient Name	:	**Mr. SHASHAANK RAGHUNANDHAN SRIRAM**			

Description	Amount
Dr. Sarita Vinod	
1. EYE Screening	**500.00**
2. Audiometry	**1,000.00**
Bill Amount	**1,500.00**

Received Amount	:	**Rs. 1500.00**
Received Amount in Words	:	**One thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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