Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP43893**	HR No	:	**13837**
Bill Date	:	**09-06-2026 10:48:06 AM**	Age/Sex	:	**70Y 6M / Female**
Patient Name	:	**Mrs. Mahalakshmi Kalyanaraman**			

Description	Amount
Dr. Ilavarasan S	
1. X-RAY LEFT KNEE JOINT AP/LAT	**800.00**
2. X-RAY RIGHT KNEE JOINT AP/LAT	**800.00**
3. X-RAY RIGHT HIP JOINT AP	**700.00**
4. X-RAY DORSO LUMBAR SPINE AP/LAT	**900.00**
Bill Amount	**3,200.00**

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.