Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP43871**	HR No	:	**2522**
Bill Date	:	**08-06-2026 12:22:06 PM**	Age/Sex	:	**52Y 5M / Female**
Patient Name	:	**Mrs. Gowri V. H.**			

Description	Amount
Dr. Sarita Vinod	
1. *Pap Smear (LBC)	**1,320.00**
2. Electrolytes	**540.00**
3. Complete Blood Count & ESR	**390.00**
4. Urine Pr/Cr Ratio	**580.00**
5. Thermal Mammogram	**2,000.00**
6. Consultation Fees	**1,000.00**
Bill Amount	**5,830.00**

Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.