

General Bill - Cash

Bill No : **OP44371** HR No : **2810**
Bill Date : **27-06-2026 01:20:28 PM** Age/Sex : **35Y 3M / Male**
Patient Name : **Mr. MOHAN RANGAM D**

Description	Amount
Faheem	
1. Ultrasound Therapy	700.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven 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.