

General Bill - Cash

Bill No : **OP43662** HR No : **21854**
Bill Date : **30-05-2026 09:00:43 AM** Age/Sex : **46Y 9M / Female**
Patient Name : **Ms. SAMUNDEESHWARI N**

Description	Amount
Dr. Sarita Vinod	
1. Urine Routine Analysis	170.00
Bill Amount	170.00

Received Amount : **Rs. 170.00**
Received Amount in Words : **One hundred and seventy only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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