General Bill - Cash

Bill No	:	**OP44828**	HR No	:	**3375**
Bill Date	:	**10-07-2026 08:21:05 AM**	Age/Sex	:	**53Y 5M / Male**
Patient Name	:	**Mr. N SRINIVASAN**			

Description	Amount
Dr. Priyavadhana	
1. Foot Test	**2,500.00**
Bill Amount	**2,500.00**

Received Amount	:	**Rs. 2500.00**
Received Amount in Words	:	**Two 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.