General Bill - Cash

Bill No	:	**OP44417**	HR No	:	**24355**
Bill Date	:	**29-06-2026 12:02:23 PM**	Age/Sex	:	**58Y 2M / Female**
Patient Name	:	**Ms. KRISHNAJEYANTHI A.**			

Description	Amount
Dr. Vijayan J	
1. Suture Removal Charge	**500.00**
Bill Amount	**500.00**

Received Amount	:	**Rs. 500.00**
Received Amount in Words	:	**Five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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