Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45195**	HR No	:	**24838**
Bill Date	:	**19-07-2026 10:54:30 PM**	Age/Sex	:	**27Y 1M / Female**
Patient Name	:	**Mrs. nasreen**			

Description	Amount
1. Registration Charges	**100.00**
Dr. Amrutha P S	
1. IM Injection	**100.00**
Bill Amount	**200.00**

Received Amount	:	**Rs. 200.00**
Received Amount in Words	:	**Two hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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