Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45333**	HR No	:	**11389**
Bill Date	:	**22-07-2026 03:09:33 PM**	Age/Sex	:	**78Y 4M / Female**
Patient Name	:	**Mrs. V RAJALAKSHMI**			

Description	Amount
Dr. Sarita Vinod	
1. Uric Acid	**220.00**
2. CRP C-Reactive Protein	**540.00**
3. *Rheumatoid Factor	**670.00**
4. Complete Blood Count & ESR	**390.00**
5. X-RAY LEFT FOOT AP/LAT	**800.00**
6. Consultation	**1,000.00**
Dr. Chokkalingam B	
1. Consultation	**1,000.00**
Dr. Murali Narasimhan	
1. Consultation	**500.00**
Bill Amount	**5,120.00**

Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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