Vinita HOSPITAL NABH CERTIFIED

# General Bill - Cash

| | | | | | |
|---|---|---|---|---|---|
| Bill No | : | **OP45329** | HR No | : | **11389** |
| Bill Date | : | **22-07-2026 02:51:18 PM** | Age/Sex | : | **78Y 4M / Female** |
| Patient Name | : | **Mrs. V RAJALAKSHMI** | | | |

| Description | Amount |
|---|---|
| **Dr. Chokkalingam B** | |
| 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 Fees | **1,000.00** |
| **Dr. Sarita Vinod** | |
| 1. Consultation Fees | **1,000.00** |
| 2. Uroflowmetry | **1,500.00** |
| | |
| **Bill Amount** | **6,120.00** |

| | | |
|---|---|---|
| Pending Amount | : | **Rs. 2,500.00** |
| Received Amount | : | **Rs. 3620.00** |
| Received Amount in Words | : | **Three thousand six hundred and twenty 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.**