General Bill - Cash

Bill No	:	**OP45079**	HR No	:	**12037**
Bill Date	:	**16-07-2026 10:14:16 AM**	Age/Sex	:	**35Y 1M / Female**
Patient Name	:	**Mrs. DR. ROSHNI PRADEEP**			

Description	Amount
Dr. Ilavarasan S	
1. X-RAY LEFT FOOT AP/LAT	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight 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.

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.