General Bill - Cash

Bill No	:	**OP48844**	HR No	:	**19470**
Bill Date	:	**05-11-2026 03:00:23 PM**	Age/Sex	:	**11Y 4M / Male**
Patient Name	:	**Mast. SHIV SACHIN**			

Description	Amount
Dr. Ilavarasan S	
1. X-RAY LEFT HAND AP/LAT	**800.00**
Total	**800.00**
Discount	**80.00**
Bill Amount	**720.00**

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.

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.