General Bill - Cash

Bill No	:	**OP44630**	HR No	:	**24208**
Bill Date	:	**04-07-2026 01:35:03 PM**	Age/Sex	:	**21Y 8M / Female**
Patient Name	:	**Ms. S KALAIYARASI**			

Description	Amount
Dr. Sarita Vinod	
1. Complete Blood Count & ESR	**390.00**
Bill Amount	**390.00**

Received Amount	:	**Rs. 390.00**
Received Amount in Words	:	**Three hundred and ninety 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.

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