General Bill - Cash

Bill No	:	**OP47117**	HR No	:	**24259**
Bill Date	:	**07-09-2026 11:30:20 AM**	Age/Sex	:	**29Y 6M / Female**
Patient Name	:	**Mrs. SMITHI R**			

Description	Amount
Dr. Soneya P	
1. Dental X - RAY	**500.00**
Bill Amount	**500.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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