

General Bill - Cash

Bill No : **OP47514** HR No : **21768**
Bill Date : **19-09-2026 06:19:32 PM** Age/Sex : **56Y 10M / Female**
Patient Name : **Mrs. AFTAB PARVEEN**

Description	Amount
Dr. Madhuri A N S	
1. Consultation Fees	2,000.00
Bill Amount	2,000.00

Received Amount : **Rs. 2000.00**
Received Amount in Words : **Two thousand 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.