General Bill - Cash

Bill No	:	**OP46529**	HR No	:	**25351**
Bill Date	:	**24-08-2026 12:31:52 PM**	Age/Sex	:	**42Y 4M / Male**
Patient Name	:	**Mr. KISHORE KUMAR K**			

Description	Amount
Dr. Ilavarasan S	
1. Consultation Fees	**500.00**
2. Major Wound Dressing	**750.00**
3. Registration Charges	**100.00**
Bill Amount	**1,350.00**

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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