General Bill - Cash

Bill No	:	**OP46839**	HR No	:	**25575**
Bill Date	:	**30-08-2026 12:05:04 PM**	Age/Sex	:	**27Y 10M / Male**
Patient Name	:	**Mr. RAMESHWARAN**			

Description	Amount
Dr. Sarita Vinod	
1. Police Camp Package - N	**1.00**
Total	**1.00**
Discount	**0.99**
Bill Amount	**0.01**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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

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