General Bill - Cash

Bill No	:	**OP46870**	HR No	:	**24402**
Bill Date	:	**31-08-2026 12:00:03 PM**	Age/Sex	:	**62Y 5M / Female**
Patient Name	:	**Mrs. S MANIMOZHI**			

Description	Amount
Dr. Vijayan J	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.