# General Bill - Cash

| | | | | | |
|---|---|---|---|---|---|
| Bill No | : | **OP47383** | HR No | : | **17939** |
| Bill Date | : | **15-09-2026 06:15:05 PM** | Age/Sex | : | **30Y 11M / Female** |
| Patient Name | : | **Mrs. AISWARYA P.R.** | | | |

| Description | Amount |
|---|---|
| **Dr. Veena V C** | |
| 1. Consultation Fees | **800.00** |
| | |
| **Bill Amount** | **800.00** |

Mode of Payment : **E-Payment**

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.**