

General Bill - Cash

Bill No : **OP46288** HR No : **25262**
Bill Date : **17-08-2026 06:02:41 PM** Age/Sex : **26Y 1M / Female**
Patient Name : **Miss. SHRUTI**

Description	Amount
Dr. Ranjiith G. Dhakshina	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand only**
Balance Amount : **Rs. 0.00**
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.