General Bill - Cash

Bill No	:	**OP46308**	HR No	:	**25078**
Bill Date	:	**18-08-2026 12:38:35 PM**	Age/Sex	:	**55Y 3M / Female**
Patient Name	:	**Ms. N. ANITHA**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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