

General Bill - Cash

Bill No : **OP47636** HR No : **25716**
Bill Date : **22-09-2026 08:20:17 PM** Age/Sex : **49Y 3M / Female**
Patient Name : **Mrs. SOWJANYA**

Description	Amount
Dr. Deepak Kannan	
1. Consultation Fees	700.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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