

General Bill - Cash

Bill No : **OP46745** HR No : **25481**
Bill Date : **30-08-2026 08:55:08 AM** Age/Sex : **6Y 5M / Female**
Patient Name : **Ms. PETCHIAMMAL**

Description	Amount
Dr. Sarita Vinod	
1. Police Camp Package - H	1.00
Total	1.00
Discount	0.99
Bill Amount	0.01

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.