General Bill - Cash

Bill No	:	**OP46430**	HR No	:	**22306**
Bill Date	:	**20-08-2026 06:36:30 PM**	Age/Sex	:	**62Y 1M / Female**
Patient Name	:	**Mrs. E JEYANTHI**			

Description	Amount
Dr. Kudiyarasu M	
1. Consultation Fees	**500.00**
Bill Amount	**500.00**

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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