General Bill - Cash

Bill No	:	**OP46615**	HR No	:	**21467**
Bill Date	:	**26-08-2026 04:09:44 PM**	Age/Sex	:	**22Y 4M / Female**
Patient Name	:	**Ms. M. HASINA**			

Description	Amount
Dr. Vaishali	
1. Consultation Fees	**1,500.00**
Bill Amount	**1,500.00**

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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