

General Bill - Cash

Bill No : **OP46358** HR No : **24603**
Bill Date : **19-08-2026 03:17:12 PM** Age/Sex : **23Y 1M / Female**
Patient Name : **Miss. K. JAYASHREE**

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

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand only**
Balance Amount : **Rs. 0.00**
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.