General Bill - Cash

Bill No	:	**OP47070**	HR No	:	**25660**
Bill Date	:	**05-09-2026 11:34:53 AM**	Age/Sex	:	**50Y 8M / Female**
Patient Name	:	**Mrs. ANNE TEHANI**			

Description	Amount
1. X-RAY CERVICAL SPINE AP/LAT	**900.00**
1. Registration Charges	**100.00**
Bill Amount	**1,000.00**

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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