

General Bill - Cash

Bill No : **OP46231** HR No : **16755**
Bill Date : **15-08-2026 05:06:42 PM** Age/Sex : **42Y 2M / Male**
Patient Name : **Mr. HARI D**

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

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.