General Bill - Cash

Bill No	:	**OP46437**	HR No	:	**25315**
Bill Date	:	**20-08-2026 07:51:01 PM**	Age/Sex	:	**24Y 10M / Male**
Patient Name	:	**Miss. ANANDHI**			

Description	Amount
Dr. Kudiyarasu M	
1. Consultation Fees	**1,000.00**
2. Minor Wound Dressing	**300.00**
3. Registration Charges	**100.00**
Bill Amount	**1,400.00**

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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