General Bill - Cash

Bill No	:	**OP46809**	HR No	:	**25546**
Bill Date	:	**30-08-2026 11:01:30 AM**	Age/Sex	:	**37Y 6M / Female**
Patient Name	:	**Mrs. SELVALAKSHMI**			

Description	Amount
Dr. Sarita Vinod	
1. Police Camp Package - N	**1.00**
Total	**1.00**
Discount	**0.99**
Bill Amount	**0.01**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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

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