

General Bill - Cash

Bill No : **OP46593** HR No : **25383**
Bill Date : **25-08-2026 07:24:40 PM** Age/Sex : **24Y 4M / Female**
Patient Name : **Miss. ROSHINI DEVI**

Description	Amount
Dr. Syed Ahamed Mufthah	
1. Consultation	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred 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.