General Bill - Cash

Bill No	:	**OP45953**	HR No	:	**25106**
Bill Date	:	**06-08-2026 06:58:14 PM**	Age/Sex	:	**21Y 1M / Female**
Patient Name	:	**Miss. MALAVIKASREE**			

Description	Amount
Dr. Viveknarayan	
1. Consultation Fees	**1,500.00**
Bill Amount	**1,500.00**

Received Amount	:	**Rs. 1500.00**
Received Amount in Words	:	**One thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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