General Bill - Cash

Bill No	:	**OP47395**	HR No	:	**24454**
Bill Date	:	**16-09-2026 11:50:15 AM**	Age/Sex	:	**61Y 7M / Female**
Patient Name	:	**Ms. SABIHA BANU**			

Description	Amount
Dr. Vijayan J	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

Received Amount	:	**Rs. 600.00**
Received Amount in Words	:	**Six hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.