

General Bill - Cash

Bill No : **OP46031** HR No : **25079**
Bill Date : **10-08-2026 12:28:09 PM** Age/Sex : **35Y 1M / Female**
Patient Name : **Ms. NISHA J**

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 : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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