General Bill - Cash

Bill No	:	**OP47533**	HR No	:	**23598**
Bill Date	:	**21-09-2026 11:58:19 AM**	Age/Sex	:	**27Y 10M / Male**
Patient Name	:	**Mr. NARAYANAN**			

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

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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