

General Bill - Cash

Bill No : **OP47418** HR No : **17098**
Bill Date : **16-09-2026 06:20:25 PM** Age/Sex : **37Y 7M / Female**
Patient Name : **Ms. LASCER MARY S**

Description	Amount
Dr. Veena V C	
1. Consultation Fees	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 : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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