

General Bill - Cash

Bill No : **OP47122** HR No : **25615**
Bill Date : **07-09-2026 12:27:29 PM** Age/Sex : **50Y 4M / Female**
Patient Name : **Mrs. SUMAN C**

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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