

General Bill - Cash

Bill No : **OP47825** HR No : **4285**
Bill Date : **29-09-2026 03:21:16 PM** Age/Sex : **77Y 3M / Female**
Patient Name : **Mrs. SARADHA**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

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.