

General Bill - Cash

Bill No : **OP47136** HR No : **51**
Bill Date : **07-09-2026 04:23:56 PM** Age/Sex : **81Y 8M / Male**
Patient Name : **Mr. SUNDAR VENKATARAMAN**

Description	Amount
Dr. Suresh P	
1. Consultation Fees	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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