

General Bill - Cash

Bill No : **OP47729** HR No : **23823**
Bill Date : **25-09-2026 01:48:37 PM** Age/Sex : **69Y 10M / Female**
Patient Name : **Mrs. DALEELA SULTANA**

Description	Amount
Dr. Bhargavi R	
1. Consultation Fees	700.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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