

General Bill - Cash

Bill No : **OP46467** HR No : **9779**
Bill Date : **21-08-2026 06:00:13 PM** Age/Sex : **51Y 8M / Female**
Patient Name : **Mrs. S.GAJALAKSHMI**

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 : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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