General Bill - Cash

Bill No	:	**OP46576**	HR No	:	**18128**
Bill Date	:	**25-08-2026 03:44:45 PM**	Age/Sex	:	**75Y 10M / Female**
Patient Name	:	**Mrs. SHARADA RAMAN**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Dr. Mahin Nallasivam R R	
1. Consultation Fees	**1,200.00**
Bill Amount	**2,200.00**

Received Amount	:	**Rs. 2200.00**
Received Amount in Words	:	**Two thousand two hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.