

General Bill - Cash

Bill No : **OP47184** HR No : **23123**
Bill Date : **08-09-2026 06:39:45 PM** Age/Sex : **74Y 11M / Female**
Patient Name : **Ms. RAJESWARI SANKARAN**

Description	Amount
Dr. Suresh P	
1. Consultation Fees	600.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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