

General Bill - Cash

Bill No : **OP47522** HR No : **25862**
Bill Date : **20-09-2026 06:01:17 PM** Age/Sex : **18Y 8M / Male**
Patient Name : **Mr. Omar faeis**

Description	Amount
Dr. Ranjiith G. Dhakshina	
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 : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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