General Bill - Cash

Bill No	:	**OP47542**	HR No	:	**25870**
Bill Date	:	**21-09-2026 01:03:43 PM**	Age/Sex	:	**52Y 1M / Female**
Patient Name	:	**Ms. SARASWATHY S**			

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

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.

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