General Bill - Cash

Bill No	:	**OP47261**	HR No	:	**24968**
Bill Date	:	**11-09-2026 12:41:08 PM**	Age/Sex	:	**34Y / Male**
Patient Name	:	**Mr. K.ARAVINDRAJ**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY LEG AP/LAT	**800.00**
Bill Amount	**800.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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