

General Bill - Cash

Bill No : **OP47748** HR No : **24968**
Bill Date : **26-09-2026 11:49:19 AM** Age/Sex : **34Y 1M / Male**
Patient Name : **Mr. K.ARAVINDRAJ**

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**

Tharakavi S
Authorized Signatories

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