General Bill - Cash

Bill No	:	**OP46258**	HR No	:	**24968**
Bill Date	:	**17-08-2026 11:36:51 AM**	Age/Sex	:	**34Y / Male**
Patient Name	:	**Mr. K.ARAVINDRAJ**			

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

Received Amount	:	**Rs. 1000.00**
Received Amount in Words	:	**One thousand only**
Balance Amount	:	**Rs. 0.00**
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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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