

General Bill - Cash

Bill No : **OP47560** HR No : **21125**
Bill Date : **21-09-2026 05:35:05 PM** Age/Sex : **61Y 4M / Female**
Patient Name : **Miss. P. JAYAKUMARI**

Description	Amount
Dr. Murali Narasimhan	
1. Consultation Fees	850.00
Bill Amount	850.00

Received Amount : **Rs. 850.00**
Received Amount in Words : **Eight hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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