

General Bill - Cash

Bill No : **OP47664** HR No : **12518**
Bill Date : **23-09-2026 05:28:04 PM** Age/Sex : **17Y 8M / Female**
Patient Name : **Ms. AZIMA**

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	1,600.00
Bill Amount	1,600.00

Received Amount : **Rs. 1600.00**
Received Amount in Words : **One thousand six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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