

General Bill - Cash

Bill No : **OP47315** HR No : **25764**
Bill Date : **12-09-2026 12:03:48 PM** Age/Sex : **52Y / Male**
Patient Name : **Mr. KANNAN**

Description	Amount
Dr. Niveanthini Thangaraj	
1. Coffee 120 MI	20.00
Bill Amount	20.00

Received Amount : **Rs. 20.00**
Received Amount in Words : **Twenty 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.