

General Bill - Cash

Bill No : **OP46566** HR No : **25380**
Bill Date : **25-08-2026 11:21:43 AM** Age/Sex : **27Y 2M / Female**
Patient Name : **Miss. AISHWARYA**

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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