General Bill - Cash

Bill No	:	**OP47258**	HR No	:	**12211**
Bill Date	:	**11-09-2026 11:58:41 AM**	Age/Sex	:	**70Y 1M / Female**
Patient Name	:	**Mrs. LAKSHMI**			

Description	Amount
Dr. Sarita Vinod	
1. Liver Function Test	**830.00**
Bill Amount	**830.00**

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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