

General Bill - Cash

Bill No : **OP46993** HR No : **5971**
Bill Date : **03-09-2026 11:42:18 AM** Age/Sex : **67Y 3M / Male**
Patient Name : **Mr. GUNASEKARAN**

Description	Amount
Dr. P.S. Chitra	
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 : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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