General Bill - Cash

Bill No	:	**OP46316**	HR No	:	**25124**
Bill Date	:	**18-08-2026 03:56:28 PM**	Age/Sex	:	**69Y 7M / Female**
Patient Name	:	**Mrs. R. BRINDA**			

Description	Amount
Dr. Elancheralathan	
1. Consultation Fees	**850.00**
Bill Amount	**850.00**

Received Amount	:	**Rs. 850.00**
Received Amount in Words	:	**Eight hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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