

General Bill - Cash

Bill No : **OP47405** HR No : **20869**
Bill Date : **16-09-2026 03:05:02 PM** Age/Sex : **59Y 6M / Male**
Patient Name : **Mr. S.VIJAYAN**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand 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.