

General Bill - Cash

Bill No : **OP47703** HR No : **31**
Bill Date : **24-09-2026 05:06:37 PM** Age/Sex : **75Y 9M / Male**
Patient Name : **Mr. Chandrasekhar**

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

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.