

## General Bill - Cash

Bill No : **OP46644** HR No : **14495**  
Bill Date : **27-08-2026 01:28:44 PM** Age/Sex : **68Y 7M / Female**  
Patient Name : **Ms. GIRIJA PADMANABAN**

| Description             | Amount        |
|-------------------------|---------------|
| <b>Dr. Sarita Vinod</b> |               |
| 1. IM Injection         | <b>100.00</b> |
| <b>Bill Amount</b>      | <b>100.00</b> |

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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