

General Bill - Cash

Bill No : **OP47546** HR No : **895**
Bill Date : **21-09-2026 02:10:20 PM** Age/Sex : **76Y 10M / Female**
Patient Name : **Mrs. Kalaivani.R**

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**

Jeevitha P
Authorized Signatories

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