General Bill - Cash

Bill No	:	**OP47698**	HR No	:	**25932**
Bill Date	:	**24-09-2026 02:54:08 PM**	Age/Sex	:	**57Y 11M / Female**
Patient Name	:	**Mrs. ANNAPOORNA A.**			

Description	Amount
Dr. Rathivika S Sundar	
1. Registration Charges	**100.00**
Bill Amount	**100.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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