

General Bill - Cash

Bill No : **OP46939** HR No : **4670**
Bill Date : **01-09-2026 04:30:46 PM** Age/Sex : **69Y 2M / Female**
Patient Name : **Mrs. ANNIE CHERIAN**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
2. IM Injection	100.00
Bill Amount	1,100.00

Received Amount : **Rs. 1100.00**
Received Amount in Words : **One thousand one hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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