

General Bill - Cash

Bill No : **OP46692** HR No : **20113**
Bill Date : **29-08-2026 12:19:18 PM** Age/Sex : **34Y 5M / Female**
Patient Name : **Mrs. R. SASIKALA**

Description	Amount
Dr. Roshini S	
1. Consultation Fees	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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