General Bill - Cash

Bill No	:	**OP46037**	HR No	:	**3375**
Bill Date	:	**10-08-2026 04:35:17 PM**	Age/Sex	:	**53Y 6M / Male**
Patient Name	:	**Mr. N SRINIVASAN**			

Description	Amount
Dr. Aarthi Raman	
1. Consultation Fees	**500.00**
Bill Amount	**500.00**

Mode of Payment : **Cheque**

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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