General Bill - Cash

Bill No	:	**OP46138**	HR No	:	**25205**
Bill Date	:	**13-08-2026 12:30:05 PM**	Age/Sex	:	**38Y / Female**
Patient Name	:	**Mrs. TAMILVANI**			

Description	Amount
Dr. Krishna Kumaran A	
1. Blood Group & Rh Type	**100.00**
Bill Amount	**100.00**

Received Amount	:	**Rs. 100.00**
Received Amount in Words	:	**One hundred 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.

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