

General Bill - Cash

Bill No : **OP47493** HR No : **25850**
Bill Date : **19-09-2026 12:43:18 PM** Age/Sex : **37Y 2M / Female**
Patient Name : **Mrs. AMUTHA S.**

Description	Amount
Dr. Ranjiith G. Dhakshina	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

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.