General Bill - Cash

Bill No	:	**OP45890**	HR No	:	**25078**
Bill Date	:	**04-08-2026 06:15:57 PM**	Age/Sex	:	**55Y 2M / Female**
Patient Name	:	**Ms. N. ANITHA**			

Description	Amount
Dr. Harrini Devi	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Mode of Payment : **Card**

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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.