

General Bill - Cash

Bill No : **OP43764** HR No : **24227**
Bill Date : **04-06-2026 11:33:15 AM** Age/Sex : **3Y / Male**
Patient Name : **Mast. SAMUVEL**

Description	Amount
Dr. Sarita Vinod	
1. Blood Group & Rh Type	100.00
Total	100.00
Discount	10.00
Bill Amount	90.00

Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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