

General Bill - Cash

Bill No : **OP43759** HR No : **20202**
Bill Date : **03-06-2026 05:20:51 PM** Age/Sex : **29Y 7M / Female**
Patient Name : **Miss. A. FATHIMA**

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	1,800.00
Bill Amount	1,800.00

Received Amount : **Rs. 1800.00**
Received Amount in Words : **One thousand eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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