

General Bill - Cash

Bill No : **OP45168** HR No : **24718**
Bill Date : **18-07-2026 01:48:45 PM** Age/Sex : **57Y 7M / Female**
Patient Name : **Mrs. S. UMA**

Description	Amount
Dr. Padmavati	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

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.