

General Bill - Cash

Bill No : **OP44720** HR No : **23022**
Bill Date : **07-07-2026 12:23:37 PM** Age/Sex : **81Y 6M / Female**
Patient Name : **Ms. GIRIJA G**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

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.