

General Bill - Cash

Bill No : **OP45577** HR No : **18112**
Bill Date : **28-07-2026 04:07:22 PM** Age/Sex : **83Y / Female**
Patient Name : **Mrs. SWARNALATHA.D**

Description	Amount
Dr. Priyavadhana	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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