

General Bill - Cash

Bill No : **OP44593** HR No : **6801**
Bill Date : **03-07-2026 05:07:30 PM** Age/Sex : **82Y 10M / Male**
Patient Name : **Mr. S NACHIAPPAN**

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

Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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