General Bill - Cash

Bill No	:	**OP45518**	HR No	:	**24957**
Bill Date	:	**27-07-2026 05:16:27 PM**	Age/Sex	:	**49Y / Female**
Patient Name	:	**Mrs. NAINAMMA**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,100.00**

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.

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