

General Bill - Cash

Bill No : **OP44706** HR No : **24643**
Bill Date : **06-07-2026 11:43:46 PM** Age/Sex : **22Y / Male**
Patient Name : **Mr. CRISTOPHER**

Description	Amount
Dr. Janani P	
1. Consultation Fees	600.00
1. Registration Charges	100.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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