General Bill - Cash

Bill No	:	**OP49040**	HR No	:	**18838**
Bill Date	:	**13-11-2026 03:20:42 PM**	Age/Sex	:	**25Y 4M / Female**
Patient Name	:	**Miss. SREELAKSHMI NAMBIAR**			

Description	Amount
Dr. Murali Narasimhan	
1. Consultation Fees	**500.00**
Bill Amount	**500.00**

Mode of Payment : **E-Payment**

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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