

General Bill - Cash

Bill No : **OP43656** HR No : **24177**
Bill Date : **29-05-2026 07:24:17 PM** Age/Sex : **28Y 4M / Female**
Patient Name : **Mrs. GAYATHRI**

Description	Amount
Dr. Praveen Balachandran	
1. Consultation Fees	600.00
1. Registration Charges	100.00
Bill Amount	700.00

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.