General Bill - Cash

Bill No	:	**OP48933**	HR No	:	**23539**
Bill Date	:	**10-11-2026 12:19:49 PM**	Age/Sex	:	**23Y 8M / Male**
Patient Name	:	**Mr. ARUNACHALAM**			

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	**1,700.00**
Bill Amount	**1,700.00**

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.

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