

General Bill - Cash

Bill No : **OP45823** HR No : **16432**
Bill Date : **03-08-2026 09:33:58 AM** Age/Sex : **31Y 2M / Male**
Patient Name : **Mr. RAJAPANDI**

Description	Amount
Dr. Pradeep Selvaraj	
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.