General Bill - Cash

Bill No	:	**OP44841**	HR No	:	**6197**
Bill Date	:	**10-07-2026 12:09:01 PM**	Age/Sex	:	**61Y / Female**
Patient Name	:	**Ms. CHERYL KLEINNAN**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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

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