General Bill - Cash

Bill No	:	**OP44889**	HR No	:	**24716**
Bill Date	:	**11-07-2026 12:32:51 PM**	Age/Sex	:	**36Y 1M / Male**
Patient Name	:	**Mr. VETRIVEL**			

Description	Amount
Dr. Vijayan J	
1. Consultation Fees	**600.00**
1. Registration Charges	**100.00**
Bill Amount	**700.00**

Mode of Payment : **E-Payment**

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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.