General Bill - Cash

Bill No	:	**OP45435**	HR No	:	**18348**
Bill Date	:	**25-07-2026 10:44:30 AM**	Age/Sex	:	**37Y 5M / Male**
Patient Name	:	**Mr. JAYANT R**			

Description	Amount
Dr. Roshini S	
1. Consultation Fees	**800.00**
Bill Amount	**800.00**

Received Amount	:	**Rs. 800.00**
Received Amount in Words	:	**Eight hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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