General Bill - Cash

Bill No	:	**OP48929**	HR No	:	**18348**
Bill Date	:	**10-11-2026 11:18:54 AM**	Age/Sex	:	**37Y 8M / Male**
Patient Name	:	**Mr. JAYANT R**			

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

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.