

General Bill - Cash

Bill No : **OP43908** HR No : **24236**
Bill Date : **10-06-2026 10:49:08 AM** Age/Sex : **23Y / Female**
Patient Name : **Miss. SWARNALAKSHMI**

Description	Amount
Dr. Ilavarasan S	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand only**
Balance Amount : **Rs. 0.00**
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.