General Bill - Cash

Bill No	:	**OP45319**	HR No	:	**24848**
Bill Date	:	**22-07-2026 12:05:10 PM**	Age/Sex	:	**40Y 3M / Male**
Patient Name	:	**Mr. ANTHONY**			

Description	Amount
Dr. Rathivika S Sundar	
1. Consultation Fees	**600.00**
1. Registration Charges	**100.00**
Bill Amount	**700.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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