General Bill - Cash

Bill No	:	**OP48932**	HR No	:	**22175**
Bill Date	:	**10-11-2026 11:56:40 AM**	Age/Sex	:	**49Y 10M / Male**
Patient Name	:	**Mr. ARVIND GUNASEKARAN**			

Description	Amount
Aadhya D	
1. Consultation Fees	**750.00**
Dr. Roshini S	
1. Consultation Fees	**800.00**
2. Sugar Check	**150.00**
Bill Amount	**1,700.00**

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.

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