General Bill - Cash

Bill No	:	**OP49007**	HR No	:	**14721**
Bill Date	:	**12-11-2026 05:12:10 PM**	Age/Sex	:	**58Y 5M / Female**
Patient Name	:	**Mrs. BUVANESWARI G.**			

Description	Amount
Dr. Madhuri A N S	
1. Consultation Fees	**2,000.00**
Dr. Sarita Vinod	
Bill Amount	**2,000.00**

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.

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