General Bill - Cash

Bill No	:	**OP48968**	HR No	:	**24566**
Bill Date	:	**11-11-2026 07:13:53 PM**	Age/Sex	:	**63Y 4M / Female**
Patient Name	:	**Mrs. ANURADHA**			

Description	Amount
Dr. Pradeep Selvaraj	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

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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