General Bill - Cash

Bill No	:	**OP48907**	HR No	:	**25814**
Bill Date	:	**09-11-2026 01:34:31 PM**	Age/Sex	:	**46Y 2M / Male**
Patient Name	:	**Mr. RAJALINGAM**			

Description	Amount
Dr. Sarita Vinod	
1. Dialysis Monthly Blood Test	**1,980.00**
Bill Amount	**1,980.00**

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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