

General Bill - Cash

Bill No : **OP45157** HR No : **24698**
Bill Date : **18-07-2026 11:26:20 AM** Age/Sex : **27Y 4M / Male**
Patient Name : **Mr. R. ADITHYA**

Description	Amount
Dr. Padmavati	
1. Consultation Fees	1,500.00
1. Registration Charges	100.00
Bill Amount	1,600.00

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.