General Bill - Cash

Bill No	:	**OP49042**	HR No	:	**19413**
Bill Date	:	**13-11-2026 04:42:41 PM**	Age/Sex	:	**29Y 7M / Male**
Patient Name	:	**Mr. ANIRUDTH CHANDRAMOULI**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY DORSO LUMBAR SPINE AP/LAT	**900.00**
2. Consultation Fees	**1,000.00**
Bill Amount	**1,900.00**

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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