

General Bill - Cash

Bill No : **OP43701** HR No : **15453**
Bill Date : **01-06-2026 04:19:31 PM** Age/Sex : **61Y 10M / Female**
Patient Name : **Mrs. JAYASHREE VENKATRAMAN**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.