

General Bill - Cash

Bill No : **OP43765** HR No : **5826**
Bill Date : **04-06-2026 11:43:17 AM** Age/Sex : **35Y 9M / Male**
Patient Name : **Dr. RANJITH**

Description	Amount
Dr. Ranjith Kumar	
1. Root Canal Treatment (RCT)	6,000.00
2. Dental X - RAY	500.00
Bill Amount	6,500.00

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.