General Bill - Cash

Bill No	:	**OP44754**	HR No	:	**24454**
Bill Date	:	**08-07-2026 11:09:20 AM**	Age/Sex	:	**61Y 4M / Female**
Patient Name	:	**Ms. SABIHA BANU**			

Description	Amount
Dr. Vijayan J	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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

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