

General Bill - Cash

Bill No : **OP44515** HR No : **12448**
Bill Date : **01-07-2026 12:14:49 PM** Age/Sex : **36Y / Female**
Patient Name : **Mrs. SAGANA J**

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

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.