General Bill - Cash

Bill No	:	**OP48940**	HR No	:	**306**
Bill Date	:	**10-11-2026 02:34:28 PM**	Age/Sex	:	**86Y 1M / Female**
Patient Name	:	**Mrs. RAJESWARI R.**			

Description	Amount
Dr. Sarita Vinod	
1. HbA1c	**550.00**
Total	**550.00**
Discount	**55.00**
Bill Amount	**495.00**

Mode of Payment : **E-Payment**

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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