General Bill - Cash

Bill No	:	**OP49002**	HR No	:	**2422**
Bill Date	:	**12-11-2026 03:37:46 PM**	Age/Sex	:	**65Y / Female**
Patient Name	:	**Mrs. SHOBA**			

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**

Chandrakala M
Authorized Signatories

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

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