General Bill - Cash

Bill No	:	**OP45060**	HR No	:	**2422**
Bill Date	:	**15-07-2026 06:21:10 PM**	Age/Sex	:	**64Y 8M / Female**
Patient Name	:	**Mrs. SHOBA**			

Description	Amount
Dr. Roshini S	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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