

General Bill - Cash

Bill No : **OP43751** HR No : **2422**
Bill Date : **03-06-2026 12:54:39 PM** Age/Sex : **64Y 6M / 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**

Tharakavi S
Authorized Signatories

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