

General Bill - Cash

Bill No : **OP45185** HR No : **24730**
Bill Date : **18-07-2026 05:39:04 PM** Age/Sex : **24Y 4M / Female**
Patient Name : **Miss. VAISHNAVI**

Description	Amount
Dr. Banu M	
1. Consultation Fees	1,800.00
2. Registration Charges	100.00
Bill Amount	1,900.00

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.