

### General Bill - Cash

Bill No : **OP45479** HR No : **16907**  
Bill Date : **26-07-2026 04:39:33 PM** Age/Sex : **62Y 1M / Female**  
Patient Name : **Mrs. SAVITHRI.C**

| Description                     | Amount        |
|---------------------------------|---------------|
| <b>Dr. Faheem</b>               |               |
| 1. IFT - Interferential Therapy | <b>700.00</b> |
| <b>Bill Amount</b>              | <b>700.00</b> |

Mode of Payment : **Cash**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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