

General Bill - Cash

Bill No : **OP45207** HR No : **23598**
Bill Date : **20-07-2026 12:21:04 PM** Age/Sex : **27Y 8M / Male**
Patient Name : **Mr. NARAYANAN**

Description	Amount
Dr. Vijayan J	
1. Consultation Fees	600.00
Bill Amount	600.00

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.