General Bill - Cash

Bill No	:	**OP45204**	HR No	:	**24843**
Bill Date	:	**20-07-2026 11:50:53 AM**	Age/Sex	:	**27Y / Female**
Patient Name	:	**Miss. POOJITA**			

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	**2,000.00**
1. Registration Charges	**100.00**
Bill Amount	**2,100.00**

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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.