General Bill - Cash

Bill No	:	**OP49071**	HR No	:	**26466**
Bill Date	:	**14-11-2026 11:17:57 AM**	Age/Sex	:	**55Y 2M / Female**
Patient Name	:	**Ms. RAJESHWARI V.**			

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,100.00**

Mode of Payment : **Card**

Bill Location : **Vinita Hospital, Nungambakkam**

Chandrakala M
Authorized Signatories

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

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