General Bill - Cash

Bill No	:	**OP49067**	HR No	:	**16613**
Bill Date	:	**14-11-2026 10:37:30 AM**	Age/Sex	:	**61Y 5M / Female**
Patient Name	:	**Mrs. SANTHAKUMARI**			

Description	Amount
1. X-RAY CERVICAL SPINE AP/LAT	**900.00**
Bill Amount	**900.00**

Mode of Payment : **E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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

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