

General Bill - Cash

Bill No : **OP45127** HR No : **24752**
Bill Date : **17-07-2026 11:48:49 AM** Age/Sex : **-NA- / Female**
Patient Name : **Mrs. DEVI**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

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.