General Bill - Cash

Bill No	:	**OP44433**	HR No	:	**24305**
Bill Date	:	**29-06-2026 02:12:11 PM**	Age/Sex	:	**44Y / Female**
Patient Name	:	**Mrs. VENNILA B**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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

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