General Bill - Cash

Bill No	:	**OP44888**	HR No	:	**67**
Bill Date	:	**11-07-2026 12:04:36 PM**	Age/Sex	:	**76Y / Female**
Patient Name	:	**Ms. MALIKA JAN**			

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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