

General Bill - Cash

Bill No : **OP44626** HR No : **24370**
Bill Date : **04-07-2026 12:47:44 PM** Age/Sex : **67Y 1M / Female**
Patient Name : **Mrs. MANGAI E**

Description	Amount
Dr. Ilavarasan S	
1. Consultation Fees	1,000.00
2. Major Wound Dressing	750.00
Bill Amount	1,750.00

Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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