General Bill - Cash

Bill No	:	**OP49043**	HR No	:	**26452**
Bill Date	:	**13-11-2026 05:05:26 PM**	Age/Sex	:	**25Y 8M / Female**
Patient Name	:	**Mrs. AYISHAMA**			

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	**3,500.00**
1. Registration Charges	**100.00**
Bill Amount	**3,600.00**

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.

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