General Bill - Cash

Bill No	:	**OP49031**	HR No	:	**26455**
Bill Date	:	**13-11-2026 11:42:09 AM**	Age/Sex	:	**35Y 4M / Male**
Patient Name	:	**Mr. KARTHIK P.**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY RIGHT KNEE JOINT AP/LAT	**800.00**
2. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,900.00**

Mode of Payment : **Card**

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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