General Bill - Cash

Bill No	:	**OP49081**	HR No	:	**26455**
Bill Date	:	**14-11-2026 12:27:09 PM**	Age/Sex	:	**35Y 4M / Male**
Patient Name	:	**Mr. KARTHIK P.**			

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

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

Chandrakala M
Authorized Signatories

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

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