General Bill - Cash

Bill No	:	**OP49033**	HR No	:	**26455**
Bill Date	:	**13-11-2026 12:43:41 PM**	Age/Sex	:	**35Y 4M / Male**
Patient Name	:	**Mr. KARTHIK P.**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY SKYLINE VIEW	**500.00**
Bill Amount	**500.00**

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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