

General Bill - Cash

Bill No : **OP45316** HR No : **6148**
Bill Date : **22-07-2026 11:41:50 AM** Age/Sex : **64Y 6M / Female**
Patient Name : **Ms. JAMUNA P.**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,800.00
Bill Amount	1,800.00

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.