

General Bill - Cash

Bill No : **OP45493** HR No : **24133**
Bill Date : **27-07-2026 11:22:15 AM** Age/Sex : **62Y 1M / Female**
Patient Name : **Mrs. P. MANIMEGALAI**

Description	Amount
Dr. Ilavarasan S	
1. Minor Wound Dressing	300.00
Bill Amount	300.00

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.