General Bill - Cash

Bill No	:	**OP49075**	HR No	:	**25713**
Bill Date	:	**14-11-2026 11:36:34 AM**	Age/Sex	:	**37Y 2M / Female**
Patient Name	:	**Mrs. S. UMA**			

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	**1,700.00**
Bill Amount	**1,700.00**

Mode of Payment	:	**E-Payment**
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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