General Bill - Cash

Bill No	:	**OP49035**	HR No	:	**20558**
Bill Date	:	**13-11-2026 01:06:25 PM**	Age/Sex	:	**34Y 10M / Male**
Patient Name	:	**Mr. CHAKRAVARTHI**			

Description	Amount
Dr. Krishna Kumaran A	
1. Consultation Fees	**600.00**
Bill Amount	**600.00**

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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