General Bill - Credit

Bill No	:	**OP44790**	HR No	:	**1536**
Bill Date	:	**09-07-2026 01:00:34 PM**	Age/Sex	:	**64Y / Female**
Patient Name	:	**Mrs. THANGAMANI K.**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Pending Amount	:	**Rs. 1,000.00**
Mode of Payment	:	
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.