General Bill - Cash

Bill No	:	**OP49015**	HR No	:	**26449**
Bill Date	:	**12-11-2026 07:11:30 PM**	Age/Sex	:	**33Y / Female**
Patient Name	:	**Mrs. DIVYA**			

Description	Amount
Dr. Shalini	
1. Urine Routine Analysis	**180.00**
Bill Amount	**180.00**

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.

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