General Bill - Cash

Bill No	:	**OP48936**	HR No	:	**26429**
Bill Date	:	**10-11-2026 12:30:04 PM**	Age/Sex	:	**53Y 6M / Female**
Patient Name	:	**Mrs. N MALLIKA**			

Description	Amount
Dr. Vigneshwar G U	
1. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,100.00**

Mode of Payment	:	**Cash 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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