

General Bill - Cash

Bill No : **OP43667** HR No : **20896**
Bill Date : **30-05-2026 11:27:41 AM** Age/Sex : **56Y 7M / Female**
Patient Name : **Mrs. SUNITHA PRASAD**

Description	Amount
Dr. Padmavati	
1. Consultation Fees	1,500.00
Bill Amount	1,500.00

Received Amount : **Rs. 1500.00**
Received Amount in Words : **One thousand five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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