

General Bill - Cash

Bill No : **OP43736** HR No : **15640**
Bill Date : **02-06-2026 05:24:48 PM** Age/Sex : **33Y 2M / Female**
Patient Name : **Ms. YAMUNA DEVI**

Description	Amount
Dr. Roshini S	
1. Consultation Fees	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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