

General Bill - Cash

Bill No : **OP45422** HR No : **382**
Bill Date : **24-07-2026 05:20:14 PM** Age/Sex : **86Y 8M / Male**
Patient Name : **Mr. G.Selvarajan**

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

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand 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.