General Bill - Cash

Bill No	:	**OP48928**	HR No	:	**18688**
Bill Date	:	**10-11-2026 09:53:05 AM**	Age/Sex	:	**48Y 2M / Female**
Patient Name	:	**Ms. Shakila banu**			

Description	Amount
Dr. Priyavadhana	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

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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