

General Bill - Cash

Bill No : **OP44343** HR No : **24485**
Bill Date : **26-06-2026 03:31:22 PM** Age/Sex : **69Y / Female**
Patient Name : **Ms. SHANTHI PRAVEEN**

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

Received Amount : **Rs. 1100.00**
Received Amount in Words : **One thousand one hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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