

General Bill - Cash

Bill No : **OP43676** HR No : **15813**
Bill Date : **30-05-2026 04:52:04 PM** Age/Sex : **35Y 4M / Female**
Patient Name : **Miss. ROSHIN**

Description	Amount
Dr. Sarita Vinod	
1. IM Injection	100.00
Bill Amount	100.00

Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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