

General Bill - Cash

Bill No : **OP43836** HR No : **4546**
Bill Date : **06-06-2026 12:56:07 PM** Age/Sex : **26Y 3M / Male**
Patient Name : **Mr. S.FAZIL AHAMED**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,500.00
Bill Amount	1,500.00

Received Amount : **Rs. 1500.00**
Received Amount in Words : **One thousand five 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.