

General Bill - Cash

Bill No : **OP44634** HR No : **4546**
Bill Date : **04-07-2026 02:34:04 PM** Age/Sex : **26Y 4M / Male**
Patient Name : **Mr. S.FAZIL AHAMED**

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

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

Jayarajan M
Authorized Signatories

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