

## General Bill - Cash

Bill No : **OP45098** HR No : **10744**  
Bill Date : **16-07-2026 05:16:08 PM** Age/Sex : **51Y 2M / Male**  
Patient Name : **Mr. GAUTHUM KARTHICK B**

| Description          | Amount        |
|----------------------|---------------|
| <b>Faheem</b>        |               |
| 1. Consultation Fees | <b>500.00</b> |
| <b>Bill Amount</b>   | <b>500.00</b> |

Mode of Payment : **Card**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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