

General Bill - Cash

Bill No : **OP45331** HR No : **20765**
Bill Date : **22-07-2026 02:55:29 PM** Age/Sex : **46Y 9M / Male**
Patient Name : **Mr. BHASKAR.K**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,800.00
Bill Amount	1,800.00

Received Amount : **Rs. 1800.00**
Received Amount in Words : **One thousand eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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