General Bill - Cash

Bill No	:	**OP45504**	HR No	:	**24674**
Bill Date	:	**27-07-2026 01:15:04 PM**	Age/Sex	:	**58Y 1M / Male**
Patient Name	:	**Mr. sundar**			

Description	Amount
1. CT IV CONTRAST	**1,200.00**
Bill Amount	**1,200.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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