

General Bill - Cash

Bill No : **OP45547** HR No : **24674**
Bill Date : **28-07-2026 10:42:42 AM** Age/Sex : **58Y 1M / Male**
Patient Name : **Mr. sundar**

Description	Amount
Aadhya D	
1. Consultation Fees	750.00
Bill Amount	750.00

Received Amount : **Rs. 750.00**
Received Amount in Words : **Seven hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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