General Bill - Cash

Bill No	:	**OP45067**	HR No	:	**24785**
Bill Date	:	**15-07-2026 07:34:19 PM**	Age/Sex	:	**50Y / Female**
Patient Name	:	**Mrs. GOWRI**			

Description	Amount
Dr. Viveknarayan	
1. Consultation Fees	**2,500.00**
2. Registration Charges	**100.00**
Bill Amount	**2,600.00**

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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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