

### General Bill - Cash

Bill No : **OP44521** HR No : **23399**  
Bill Date : **01-07-2026 02:19:43 PM** Age/Sex : **69Y 4M / Male**  
Patient Name : **Mr. CHARELS OPOKU**

| Description                  | Amount           |
|------------------------------|------------------|
| <b>Dr. Senthil Kumar A D</b> |                  |
| 1. Consultation Fees         | <b>12,000.00</b> |
| 2. Dental X - RAY            | <b>500.00</b>    |
| <b>Bill Amount</b>           | <b>12,500.00</b> |

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

**Sivaranjani P**  
Authorized Signatories

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