General Bill - Cash

Bill No	:	**OP49074**	HR No	:	**26463**
Bill Date	:	**14-11-2026 11:34:35 AM**	Age/Sex	:	**68Y / Female**
Patient Name	:	**Mrs. SAROJINI C.**			

Description	Amount
Dr. Chokkalingam B	
1. X-RAY LEFT FOOT AP/LAT	**800.00**
2. Registration Charges	**100.00**
Bill Amount	**900.00**

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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