

General Bill - Cash

Bill No : **OP45457** HR No : **20641**
Bill Date : **25-07-2026 03:01:24 PM** Age/Sex : **39Y 6M / Female**
Patient Name : **Mrs. DIANA.S**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,600.00
Bill Amount	1,600.00

Received Amount : **Rs. 1600.00**
Received Amount in Words : **One thousand six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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