

General Bill - Cash

Bill No : **OP45398** HR No : **22459**
Bill Date : **23-07-2026 08:30:55 PM** Age/Sex : **35Y / Male**
Patient Name : **Mr. AHAMED FAHEEM**

Description	Amount
Dr. Roshini S	
1. Consultation Fees	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight 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.