General Bill - Cash

Bill No	:	**OP49048**	HR No	:	**25816**
Bill Date	:	**13-11-2026 06:26:00 PM**	Age/Sex	:	**24Y 1M / Female**
Patient Name	:	**Ms. FATHIMA HUSSAINI**			

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	**2,500.00**
Bill Amount	**2,500.00**

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

Chandrakala M
Authorized Signatories

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

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