General Bill - Cash

Bill No	:	**OP45477**	HR No	:	**20347**
Bill Date	:	**26-07-2026 10:02:40 AM**	Age/Sex	:	**46Y 1M / Male**
Patient Name	:	**Mr. ABHILASH**			

Description	Amount
Dr. Praveen Balachandran	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

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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