# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP49093** | HR No | : | **2810** |
| Bill Date | : | **14-11-2026 03:45:15 PM** | Age/Sex | : | **35Y 7M / Male** |
| Patient Name | : | **Mr. MOHAN RANGAM D** | | | |

| Description | Amount |
|---|---|
| **Dr. Sarita Vinod** | |
| 1. Consultation Fees | **1,000.00** |
| | |
| **Bill Amount** | **1,000.00** |

Mode of Payment : **E-Payment**

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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**A unit of Vijay Ganga Speciality Care Pvt. Ltd.**