General Bill - Cash

Bill No	:	**OP45513**	HR No	:	**2763**
Bill Date	:	**27-07-2026 03:52:20 PM**	Age/Sex	:	**84Y 1M / Female**
Patient Name	:	**Mrs. PADMA P B**			

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

Mode of Payment	:	**Card**
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.