General Bill - Cash

Bill No	:	**OP45164**	HR No	:	**20113**
Bill Date	:	**18-07-2026 12:26:16 PM**	Age/Sex	:	**34Y 3M / Female**
Patient Name	:	**Mrs. R. SASIKALA**			

Description	Amount
Dr. Veena V C	
1. Consultation Fees	**800.00**
Bill Amount	**800.00**

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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