General Bill - Cash

Bill No	:	**OP45497**	HR No	:	**14146**
Bill Date	:	**27-07-2026 12:12:27 PM**	Age/Sex	:	**42Y 9M / Female**
Patient Name	:	**Ms. ANITHA**			

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	**1,700.00**
Bill Amount	**1,700.00**

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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