General Bill - Cash

Bill No	:	**OP45034**	HR No	:	**3375**
Bill Date	:	**15-07-2026 11:23:10 AM**	Age/Sex	:	**53Y 5M / Male**
Patient Name	:	**Mr. N SRINIVASAN**			

Description	Amount
Dr. Priyavadhana	
1. Consultation Fees	**1,000.00**
2. Minor Wound Dressing	**300.00**
Bill Amount	**1,300.00**

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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.