

General Bill - Cash

Bill No : **OP45865** HR No : **25080**
Bill Date : **04-08-2026 11:42:15 AM** Age/Sex : **26Y 1M / Female**
Patient Name : **Mrs. RAJESWARI**

Description	Amount
Dr. Chokkalingam B	
1. X-RAY LEFT ELBOW JOINT AP/LAT	800.00
Bill Amount	800.00

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.