

General Bill - Cash

Bill No : **OP45847** HR No : **12817**
Bill Date : **03-08-2026 04:01:33 PM** Age/Sex : **50Y 10M / Female**
Patient Name : **Ms. REVATHY S.**

Description	Amount
Dr. Elancheralathan	
1. Consultation Fees	850.00
Bill Amount	850.00

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.