

RECEIPT

YADAV AMBULANCE SERVICES

Mehrauli Road, Gurgaon-122 001 (Haryana)
Mobile : 9910810180, 9911762940, 9999460734

No. 1473

KX1026

Dated: 28/9/22

Received with thanks from Mr./Mrs./MS.

IMSU JOHN

the Sum of Rs.....

2000/-

Account of

Sec 14 Kalyani Hospital do

Station / Bill No.

MATA CHAMAN DEVI Hospital Delhi

UP81BT8332

For YADAV AMBULANCE SERVICES

Authorised Signatory

Subject to encashment of the cheque



Phone : 4789123 DL. NO. : 5224-OB/5224-B GSTIN : 06AAAH14813D1ZT

ₐ Kalyani Pharmacy

(Chemists & Druggists) SERIES-A/No. 21031

INSIDE KALYANI HOSPITAL, OPP. GOVT. COLLEGE, MEHRAULI ROAD, GURUGRAM, 122005 (HR.)

NAME : JOHN DATE : 28/09/2022

ADDRESS : GGN Dr. AKRITI CHAUHAN

QTY	PARTICULARS	MFG	BATCH.NO	EXPIRY	RATE	AMOUNT
1	DYNAPAR-AQ 1ML INJ TROIK	D23S405		01/24	33.46	33.46
1	T.T. (BETT) 0.5ML INJBIOLD	A0146221		03/24	11.41	11.41
1	SYRINGE 2ML EMERALD B.D	2103061		03/27	9.00	9.00
1	I.V. SET (TRANSFLOW)R.M.S	G22082061	1207/27		212.00	212.00
1	VENFLON (I) 18G B.D	1336562		11/26	258.00	258.00
1	TEGADERM FILM (1623W3M	R08220903		07/25	103.00	103.00
1	HDSPINDL 100ML INJ ALKEM	H0522056A	07/24		530.00	530.00
1	RINGER LACTATE 500MLAXA P	1226401		07/25	56.40	56.40

K7026

KALYANI PHARMACY
Inside Kalyani Hospital
Mehrauli Road, Gurgaon-122005

DIS : 1.00 NET INVOICE VALUE 1212.00

All Disputes Subject to Gurugram Jurisdiction. **For Kalyani Pharmacy**
Registered under composition scheme of GST act 2017 *Authorized Signatory*

OPD BILL

Bill No	OB18282493	Receipt Date	28/Sep/2022 17:15
Name	Mr. JINSU JOHN	Age/Sex	24 Yrs /M
Consultant	DR. SHER SINGH RAJPUT(RMO)	Referred By	Self
Patient ID	PN133693	Mobile No.	9990011651
Address	31-B,JANATA FLAT SHIVAJI ENCLAVE EXT,RAJOURI GARDEN WEST DELHI	Reg. No	OR18173414

Description	Qty	Rate	Amount
CONSULTANT VISIT CHARGE			
RMO Consultation Charges (Day)	1.00	400.00	400.00
Patient Services			
SHORT STAY CHARGE IN CASUALTY	1.00	500.00	500.00
Total Amount (Rs.)			900.00
Net Amount (Rs.)			900.00
Paid Amount (Rs.)			900.00

Payment
28/Sep/2022 RC18301263 900.00

K-1026



Bill Prepared By
SIGNATURE

SADHANA





We Treat, He Cures

OPD PRESCRIPTION

Patient Name: Mr. JINSU JOHN

Reg. No.: OC18109080

Panel:

Address: 31-B,JANATA FLAT SHIVAJI ENCLAVE
EXT,RAJOURI GARDEN WEST DELHI

UHID No: PN133693

Age/Sex: 24 Yrs / M

Mobile No: 9990011651

Reg.Date: 28-Sep-2022 17:14



Not Vaccinated

Partially Vaccinated

Fully Vaccinated

Fully Vaccinated With Precautionary Dose

Chief Complaints

Past Medical History

KT 076

Investigations

Diagnosis

Treatment

