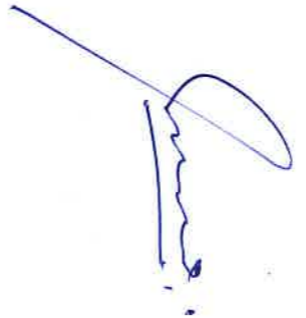


Sl No.	Vendor name	Invoice no.	Invdate	Amount	Remarks
1	GENESIS	2542	10-06-2024	700.00	SHIVAM SECURITY
2	GENESIS	2545	10-06-2024	1013.00	SHIVAM SECURITY
3	SAI ASHA	2200	10-06-2024	452.00	SHIVAM SECURITY
4	APOLLO	26113	29-05-2024	171.00	
5	APOLLO	81092	29-05-2024	171.00	
6	GENESIS	2712	09-06-2024	1000.00	AMISHA
7					
8					
9					
10					
11					
12					
13					

3507.00



38891

E & O.E. Goods once sold cannot be taken back or exchanged
INSULINS AND VACCINES WILL NOT BE TAKEN BACK

DPCO Items

CIN : U52500TN2016PLC11328 Registered Office: No. 19 Bishop Gardens, Raja Annamalaiapuram, Chennai - 600028

For Apollo Pharmacy-Pharmacist

EMERGENCY CALL : 1066

No Tax is Payable on reverse Charges basis

Bill No. : 118888026413 102-APOLLO ADVANTAGE 01
Date / Time : 2024-May-29 11:36:00 AM
Terminal No. : 002 Cont. No. : 999901355
Name : KANAKA DEVI
Ref. No. : 999901355
Dr. : 087898

C.GSTIN :
FSSAI : 10822000000889

INVOICE



Apollo Pharmacy
(Apollo Pharmacies Limited)
Toll No: 1860 500 0101
Website: www.apollopharmacy.in

Branch: SHIP UNIT NO-G-95,GROUND FLOOR,
Address: SHIP NO-77 & 78 DWAIV STREET SW,
Tel. No: 8595217749
DL No: 20-2024-D3 & 21-5001-D
GSTIN : 09AFCAS954F1Z1
FSSAI : 10822000000889

GATE IN
NO. 766
DATE: 29/05/24
KRISUMI CORPORATION
Rajul

QTY	ITEM NAME	HSN CODE	MFRR	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
1	4 PEE SHE TABLET SERI SW	3009000	4800	0224/0142	31-11-26	141	180.00	9.00	9.00	171.00	180.00
										7.00	7.00
										171.00	171.00
Total :										180.00	180.00
Discount :										7.00	7.00
Net Total :										171.00	171.00

EMERGENCY CALL : 1066

11662330081027 102-APOLLO ADVANTAGE 01
2024-May-29 11:36:00 AM
001 8595217749
FAIMAN YAKHAN No. :
8595217749 -
Dr. APOLLO



Apollo Pharmacy
(Apollo Pharmacies Limited)
Toll No: 1860 500 0101
Website: www.apollopharmacy.in

INVOICE

QTY	ITEM NAME	HSN CODE	MFRR	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
1	4 PEE SHE TABLET SERI SW	3007410	4800	0229/0161	28-11-26	141	180.00	9.00	9.00	171.00	180.00
										7.00	7.00
										171.00	171.00
Total :										180.00	180.00
Discount :										7.00	7.00
Net Total :										171.00	171.00

CIN : U52500TN2016PLC11328 Registered Office: No. 19 Bishop Gardens, Raja Annamalaiapuram, Chennai - 600028
Admin Office: 19 Bishop Gardens, III rd Floor, No. 55, Green Road, Chennai - 600028
Dr. Goods has been dispatched to the Customer at the time of transaction
DPCO Items

Duplicate Copy of Invoice

For Apollo Pharmacy-Pharmacist



GENESIS HOSPITAL

Emergency

GST No. 06AAVFG2538E1ZA

Tel. No. : 8178303100, 0124-2974411
E-Mail : genesishospitalggn@gmail.com

Opp. D.P.S. School Sector-84, Gurgaon-122004

For Appointment / Enquiry : 8178303100, 0124-2974411

Website : www.genesishospitalggn.com

OPD Receipt

Receipt No. : 2542 Date & Time : 10/Jun/2024 11:18
 UHID No. : 26382 OPD No. : 2136
 Patient Name : Mr. SHIVAM YADAV Age/Sex : 22 Years/Male
 Consultant Name : DR. MANISH JHA (ORTHOPEIDICS) Mobile No. : 9728508596
 Serial No. : 4

Valid Upto : 12/Jun/2024

Charge Name	Amount
consultation fees	700.00
Gross Total	700.00
Payment Mode : Cash	Net Amount :

Prepared By : RECEPTION1

Authorized Signatory

A Dataman Software (0512) 2376505,2317191

Printed on 10/Jun/2024 11:19



GENESIS HOSPITAL

Opp. D.P.S. School, Sector-84, Gurgaon-122004

For Appointment / Enquiry : 8178303100, 0124-2974411

Website : www.genesishospitalggn.com

GST No. 06AAVFG2538E1ZA

Tel. No. : 8178303100, 0124-2974411

E-Mail : genesishospitalggn@gmail.com

OUT-Patient Bill

Receipt No. : 2545 Date : 10/Jun/2024
 UHID No. : 26382 Doc No. : 799
 Patient Name : Mr. SHIVAM YADAV OPD No. : 2136
 Consultant Name : DR. MANISH JHA (ORTHOPEIDICS) Age : 22 Years / Male
 Sum of Rupees : Rs. One-Thousand Thirteen Only

Charge Name	Doctor Name	Amount
stiches		1000.00
INJ. TETANUS		13.00
Gross Total		1013.00
Payment Mode : Cash		Net Amount :
		1013.00

Prepared By : RECEPTION1

Authorized Signatory

A Dataman Software (0512) 2376505,2317191

Printed on 10/Jun/2024 11:36



SAI ASHA PHARMA GROUP-7

GST INVOICE

06ADZF630911ZC

INSIDE GENESIS HOSPITAL, OPP. DPS SCHOOL, SECTOR-84, GURUGRAM, HARYANA

Phone : 729187331

D.L.No.: 4241-B/4241-OB

PATIENT NAME

: **SHIVAM YADAV**

PATIENT ADDRESS

: Dr. MANISH JHA

Invoice No. : **2200**

Date : 10/06/24

S.N	QTY	PACK	PRODUCT NAME	MFQ	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	1	1*2	SURGICAL GLOVES 7.5	SURGICAR	3004	12.00	65KK	04/28	88.00	88.00
2.	1	1	TRULON 4-0 SN 3318 C	HEALTHU	3004	12.00	347	06/27	309.00	309.00
3.	1	1	ONE-PRICK 10 ML	HOPECUR	3004	12.00	3060	09/26	55.00	55.00

GATE NO
917
DATE 10/06/24
KRISHNA CORPORATION
D.J.

Inclusive GST Details	
Taxable	GST% GST Value
0.00 X @ 28% =	0.00
0.00 X @ 18% =	0.00
403.57 X @ 12% =	48.42
0.00 X @ 5% =	0.00
0.00 X @ 0% =	0.00
Incl. SSST : 24.21, CSST : 24.21	

Total Items : 3
Net Amt. (R/0) : **452.00**
Rupees: Four Hundred Fifty Two Only
All disputes are subject to Gurugram Jurisdiction.
Prices of Medicines are Inclusive of all taxes.
Goods once sold will not be taken back.
For SAI ASHA PHARMA GROUP-7
AUTH SIGN.

(Computer Generated Invoice)



GENESIS HOSPITAL

Opp. DPS School, Sector-84, Gurgaon-122004, Haryana

RETAIL INVOICE

M/s Amisha
36A

S.No. 8869892952 25/5

Invoice No. 2712

Terms & Conditions

E.M.O

Dated 9/6/24

S.No.	PARTICULARS	QUANTITY	UNIT PRICE	AMOUNT
	<u>OPD</u>	<u>1</u>		<u>500</u>
	<u>E.C.S</u>	<u>1</u>		<u>500</u>
Total Rs.				<u>1000</u>

Customer's Signature

for GENESIS HOSPITAL
Authorized Signatory



E & O.E



GENESIS HOSPITAL

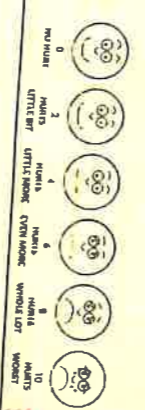
(a unit of Vigneshwara Healthcare Private Limited)

Opposite DPS school, Sector-84, Gurgaon-122004 • email: genesishospitalggn@gmail.com
 FOR APPOINTMENT CALL: 817 830 3100, 817 883 1702

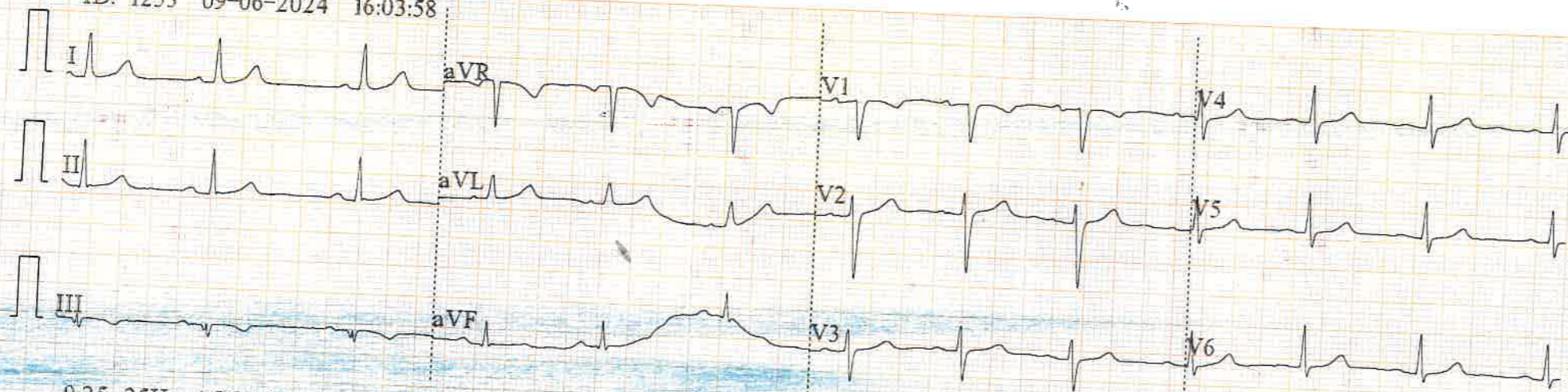


EMERGENCY ASSESSMENT

Name <i>Mrs. Anika ka</i>		Category		Physical Assessment		Arrival to Hospital	
Age/Sex <i>25 yr / F.</i>		Allergies		Conscious		Ort Foot	
UHD No.		Erectgent		Unconscious		On Wheel Chair	
Date <i>09/06/24</i>		Urgent		Hyper		On Stretcher	
		Non Urgent		Aggressive		Other	
		Brought Dead					
Nursing Assessment/Vital Sign				Chief Complaint			
Time				Diagnosis			
BP	<i>110/70 mmHg</i>			- headache			
Pulse	<i>98/min</i>			- chest pain			
Resp.	<i>20/min</i>			- vertigo			
Temp	<i>98.5 F</i>			- body ache			
Date & Time:				General Physical Examination			
<i>chest - B/L clear</i>				Space for Patient History, Diagnosis, Plan of treatment including follow up			
<i>P/A - soft BCD</i>							
Management of Medication							
Drug	Dose	Route	Freq	Medication Time			
<i>Tab - Maxdom</i>	<i>250</i>	<i>oral</i>	<i>BD</i>	<i>BD</i>			
<i>Tab - WStin</i>	<i>16</i>	<i>oral</i>	<i>BD</i>	<i>BD</i>			
<i>Tab - Stemti</i>	<i>MD</i>	<i>oral</i>	<i>BD</i>	<i>BD</i>			
<i>Tab - H-vab</i>	<i>ORR</i>	<i>oral</i>	<i>BD</i>	<i>BD</i>			
<i>Tab - Zesolol</i>	<i>P</i>	<i>oral</i>	<i>BD</i>	<i>BD</i>			
Doctor Sign.				Nurses Sign.			
Investigations							
Instruction to patient:							
Condition on Admission and Time:							
Signature of Consultant / EMO				Date & Time			



ID: 1253 09-06-2024 16:03:58



ID: 1253

Female
25 Years
cm

/ mmHg
kg

Diagnosis Information:
Sinus Arrhythmia
Normal ECG

HR : 75 bpm
P : 106 ms
PR : 161 ms
QRS : 79 ms
QT/QTc : 358/401 ms
P/QRS/T : 54/17/16 °
RV5/SV1 : 0.596/0.649 mV

Report Confirmed by:

0.25-25Hz AC50 25mm/s 10mm/mV ♥80 V1.0 SEMIP V1.7

ECG CARDIOPRINT