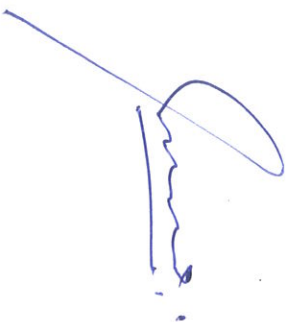


Sl No.	Vendor name	Invoice no.	Inv date	Amount	Remarks
1	GENESIS	2542	10-06-2024	700.00	SHIVAM SECURITY
2	GENESIS	2545	10-06-2024	1013.00	SHIVAM SECURITY
3	SAI ASHA	2200	10-06-2024	452.00	SHIVAM SECURITY
4	APOLLO	26113	29-05-2024	171.00	
5	APOLLO	81092	29-05-2024	171.00	
6	GENESIS	2712	09-06-2024	1000.00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

3507.00



11662CS0081092 102-APOLLO ADVANTAGE CC

2024-May-29 11:36:00 AM
001 8595217749

PAWAN YADAV No.:
8595217749 -
APOLLO

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

GURUGRAM SECTOR-83

Branch SHOP-UNIT NO-G-95,GROUND FLOOR,
Address 8826905630
Tel. No 4696-DB & B
DL No 06AAPCA5954F1ZV
GSTIN 10821005000889
FSSAI

C.GSTIN :

INVOICE

ITEM NAME	HSN CODE	MFRS	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
* FEE SAFE TOILET SEAT SAN	33071010	MEDC	0224/0161	Jan-26	Non	180.00	7.00	7.00	144.92	180.00
GATE IN NO. 766 DATE .. 29/05/24 KRISUMI CORPORATION <i>Rahul</i>										
GST-18.00% CGST:13.04 SGST:13.04										
Total : 180.00 Discount: 9.00 Net Total: 171.00										

171.00

Registered Office: No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai - 600028
GSTIN: 16AAAPCA5954F1ZV
Toll No: 1860 500 0101

APOLLO ADVANTAGE CC
11662CS0081092
2024-May-29 11:36:00 AM
001 8595217749
PAWAN YADAV No.:
8595217749 -
APOLLO
C.GSTIN :
INVOICE
GATE IN NO. 766
DATE .. 29/05/24
KRISUMI CORPORATION
Rahul
GST-18.00% CGST:13.04 SGST:13.04
Total : 180.00
Discount: 9.00
Net Total: 171.00
For Apollo Pharmacy-Pharmacist

EMERGENCY CALL : 1066

11856CS0026113 102-APOLLO ADVANTAGE CC

2024-May-29 11:50:00 AM
002 Cont. No. 9990011651

KRISUMI CORP.
9990011651
OTHERS

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

Branch GURUGRAM SEC 84 DOWN STREET
Address Shop No-97 & 98 Down Street Spa
Tel. No 9311226839/0124-4902091
DL No 20-5604-DB & 21-5604-B
GSTIN 06AAPCA5954F1ZV
FSSAI 10822005000324

C.GSTIN :

INVOICE

ITEM NAME	HSN CODE	MFRS	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
* FEE SAFE TOILET SEAT SAN	38089400	MEDC	0224/0162	Jan-26	Non	180.00	9.00	9.00	44.92	180.00
GATE IN NO. 766 DATE .. 29/05/24 KRISUMI CORPORATION <i>Rahul</i>										



GENESIS HOSPITAL

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/20
 UHID No. : 26382 OPD No. : 2136
 Patient Name : Mr. SHIVAM YADAV Age/Sex : 22 Years/M
 Consultant Name : DR. MANISH JHA (ORTHOPEDECS) Mobile No. : 97285085
 Serial No. : 4
 Valid Upto : 12/Jun/2024

Charge Name

consultation fees

Payment Mode : Cash

Gross Total :
 Net Amount :

Prepared By : RECEPTION1

Auth

A Dataman Software (0512) 2376505,2317191

Printed on 10



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. : 817

E-Mail : gene

OUT-Patient Bill

Receipt No. : 2545 Date : 10/Jun/20
 UHID No. : 26382 Doc No. : 799
 Patient Name : Mr. SHIVAM YADAV OPD No. : 2136
 Consultant Name : DR. MANISH JHA (ORTHOPEDECS) Age : 22 Years /
 Sum of Rupees : Rs. One Thousand Thirteen Only

Charge Name

Doctor Name

stiches

INJ. TETANUS

GATE IN
 NO. 916
 DATE 10/06/24
 KRISHNA CORPORATION

Payment Mode : Cash

Gross Total :
 Net Amount :

Prepared By : RECEPTION1

Au

A Dataman Software (0512) 2376505,2317191

Printed on 10



RETAIL INVOICE

GENESIS HOSPITAL

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

M/s Amisha
36A
8869892952

Invoice No. 2712

Terms & Conditions

E.M.O

Dated 9/6/24

S.No.	PARTICULARS	QUANTITY	UNIT PRICE	AMOUNT
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OPD

E.C.S

1
500
500



GENESIS HOSPITAL

(a unit of Vigneshwara Healthcare Private Limited)

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

EMERGENCY ASSESSMENT

Name MS. Anisha		Category	
Age/Sex 25 yr / F.	Allergies	<input checked="" type="checkbox"/> Emergent	<input type="checkbox"/> Conscious
UHID No.	NI.	<input type="checkbox"/> Urgent	<input type="checkbox"/> Unconscious
Date 09/06/24		<input type="checkbox"/> Non Urgent	<input type="checkbox"/> Hyper
		<input type="checkbox"/> Brought Dead	<input type="checkbox"/> Aggressive
Nursing Assessment/Vital Sign		Chief Complaint	
Time		headache chest Pain. vertigo - Body aches	
BP 110/70 mmHg			
Pulse 98/min			
Resp. 20/min			
Temp 96.5 F			
Date & Time:		General Physical Examination	
chest - B/L clear		Space for Patient History, Diagnosis, Plan of treatment	
P/A - soft BCD			
Management of Medication			
Drug	Dose	Route Freq	Medication Time
Tab - Naxdom	120		B.D.
Tab - Wetin 16			B.D.
Tab - Stemti	MD		B.D.
Tab - H-sals	DR		B.D.
Tab - Zerodol	P		B.D.
Doctor Sign.		Nurses Sign.	

Investigations

Instruction to patient:

