

Mo. 7999185411, 7697790919



HEALTH CARE PHYSIOTHERAPY CLINIC, DURG



PHYSIOTHERAPY TREATMENT BILL

BILL NO. : 46

BILL DATE : 19-07-25

BILLED TO :

Name : PRAKASH CHAND
Address : TAWRI
SATI CHAURA
GANJPARA, DURG

Age : 60 Y

Sex : MALE

Sr No.	Type Of Service	Date	Total Sessions	Amount Per Session	Total Amount
1.	PHYSIOTHERAPY EXERCISES	20-06-25 to 19-07-25	30 (MORNING)	₹5000/-	30000/-
2.	PHYSIOTHERAPY EXERCISES		30 (EVENING)	₹5000/-	
TOTAL AMOUNT IN WORDS		RUPEES THIRTY THOUSAND ONLY			

[Signature]

DR. JAGDISH KUMAR (PT)
(Signature)
(PHYSIOTHERAPIST)
REG. C.G.P.T. 654
MOB.: 79991-35411

HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT) CONTACT: 7999185411
[B.P.T]

ADD: GANJMANDI, NEAR SURANA BUILDING GANJPARA DURG

PATIENT NAME: PRAKASH CHAND AGE/SEX: 66/
REH DR.: TAWR 1 CONTACT:

DIAGNOSIS: RT SIDE HEMIPLEGIA

MORNING

S.NO.	DATE	SESSIONS	FEES
1	20-06-25	1	500/-
2	21-06-25	2	500/-
3	22-06-25	3	500/-
4	23-06-25	4	500/-
5	24-06-25	5	500/-
6	25-06-25	6	500/-
7	26-06-25	7	500/-
8	27-06-25	8	500/-
9	28-06-25	9	500/-
10	29-06-25	10	500/-
11	30-06-25	11	500/-
12	01-07-25	12	500/-
13	02-07-25	13	500/-
14	03-07-25	14	500/-
15	04-07-25	15	500/-

EVENING

S.NO.	DATE	SESSIONS	FEES
1	20-06-25	1	500/-
2	21-06-25	2	500/-
3	22-06-25	3	500/-
4	23-06-25	4	500/-
5	24-06-25	5	500/-
6	25-06-25	6	500/-
7	26-06-25	7	500/-
8	27-06-25	8	500/-
9	28-06-25	9	500/-
10	29-06-25	10	500/-
11	30-06-25	11	500/-
12	01-07-25	12	500/-
13	02-07-25	13	500/-
14	03-07-25	14	500/-
15	04-07-25	15	500/-

DATE:

SIGNATURE

DR. JITENDRA KUMAR (PT)
(PHYSIOTHERAPIST)
REG.: C.G.P.T. 654
MOB.: 79991-85411



HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT)

CONTACT- 7999185411

[BPT]

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

PATIENT NAME- PRAKASH CHAND AGE/SEX-
TAWRI 60 Y

CONTACT-

REF. DR.-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

S.NO.	DATE	SESSIONS	FEES
1	05-07-25	16	500/-
2	06-07-25	17	500/-
3	07-07-25	18	500/-
4	08-07-25	19	500/-
5	09-07-25	20	500/-
6	10-07-25	21	500/-
7	11-07-25	22	500/-
8	12-07-25	23	500/-
9	13-07-25	24	500/-
10	14-07-25	25	500/-
11	15-07-25	26	500/-
12	16-07-25	27	500/-
13	17-07-25	28	500/-
14	18-07-25	29	500/-
15	19-07-25	30	500/-

EVENING

S.NO.	DATE	SESSIONS	FEES
1	05-07-25	16	500/-
2	06-07-25	17	500/-
3	07-07-25	18	500/-
4	08-07-25	19	500/-
5	09-07-25	20	500/-
6	10-07-25	21	500/-
7	11-07-25	22	500/-
8	12-07-25	23	500/-
9	13-07-25	24	500/-
10	14-07-25	25	500/-
11	15-07-25	26	500/-
12	16-07-25	27	500/-
13	17-07-25	28	500/-
14	18-07-25	29	500/-
15	19-07-25	30	500/-

DATE-

SIGNATURE

Dr. JITENDRA KUMAR (PT)
(PHYSIOTHERAPIST)
REG.: C.G.P.T. 654
MOB.: 79991-85411

Mo. 7999185411, 7697790919



HEALTH CARE PHYSIOTHERAPY CLINIC, DURG

PHYSIOTHERAPY TREATMENT BILL

BILL NO.	: 87				
BILL DATE	: 18-08-25-				
BILLED TO	:				
Name	: PRAKASH CHAND				
Address	: TALWARI SATI CHAURA, GANJPARA, DURG				
	Age : 60 Y				
	Sex : MALE				
Sr No.	Type Of Service	Date	Total Sessions	Amount Per Session	Total Amount
1	PHYSIOTHERAPY EXERCISES	20-07-25 to 18-08-25	30 (MORNING)	15000/-	30000/-
2	PHYSIOTHERAPY EXERCISES		30 (EVENING)	15000/-	
TOTAL AMOUNT IN WORDS		RUPEES THIRTY THOUSAND ONLY			

[Signature]
DR. JITENDRA KUMAR (PT)
 Signature
 (PHYSIOTHERAPIST)
 REG.: C.G.P.T. 654
 MOB.: 79991-85411

HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT)
[BPT]

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG
PATIENT NAME- PRAKASH TAWRI CHAND AGE/SEX- 60 Y / MALE
REF. DR.-

CONTACT- 7999185411

DIAGNOSIS- RT SIDE HEMIPLEGIA
CONTACT-

MORNING

S.NO.	DATE	SESSIONS	FEES
1	20-07-25	1	500/-
2	21-07-25	2	500/-
3	22-07-25	3	500/-
4	23-07-25	4	500/-
5	24-07-25	5	500/-
6	25-07-25	6	500/-
7	26-07-25	7	500/-
8	27-07-25	8	500/-
9	28-07-25	9	500/-
10	29-07-25	10	500/-
11	30-07-25	11	500/-
12	31-07-25	12	500/-
13	01-08-25	13	500/-
14	02-08-25	14	500/-
15	03-08-25	15	500/-

EVENING

S.NO.	DATE	SESSIONS	FEES
1	20-07-25	1	500/-
2	21-07-25	2	500/-
3	22-07-25	3	500/-
4	23-07-25	4	500/-
5	24-07-25	5	500/-
6	25-07-25	6	500/-
7	26-07-25	7	500/-
8	27-07-25	8	500/-
9	28-07-25	9	500/-
10	29-07-25	10	500/-
11	30-07-25	11	500/-
12	31-07-25	12	500/-
13	01-08-25	13	500/-
14	02-08-25	14	500/-
15	03-08-25	15	500/-

DATE- 03-08-25

Karla

SIGNATURE

DR. JITENDRA KUMAR (PT)

HEALTH CARE PHYSIOTHERAPY CLINIC

DR. JITENDRA KUMAR (PT)
[BPT]

CONTACT- 7999185411

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

PATIENT NAME- PRAKASH CHAND AGE/SEX- 60 Y /MALE
REF. DR.- TAWRI

CONTACT-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

S.NO.	DATE	SESSIONS	FEES
1	04-08-25	16	500/-
2	05-08-25	17	500/-
3	06-08-25	18	500/-
4	07-08-25	19	500/-
5	08-08-25	20	500/-
6	09-08-25	21	500/-
7	10-08-25	22	500/-
8	11-08-25	23	500/-
9	12-08-25	24	500/-
10	13-08-25	25	500/-
11	14-08-25	26	500/-
12	15-08-25	27	500/-
13	16-08-25	28	500/-
14	17-08-25	29	500/-
15	18-08-25	30	500/-

EVENING

S.NO.	DATE	SESSIONS	FEES
1	04-08-25	16	500/-
2	05-08-25	17	500/-
3	06-08-25	18	500/-
4	07-08-25	19	500/-
5	08-08-25	20	500/-
6	09-08-25	21	500/-
7	10-08-25	22	500/-
8	11-08-25	23	500/-
9	12-08-25	24	500/-
10	13-08-25	25	500/-
11	14-08-25	26	500/-
12	15-08-25	27	500/-
13	16-08-25	28	500/-
14	17-08-25	29	500/-
15	18-08-25	30	500/-

DATE- 18-08-25

[Signature]
SIGNATURE
DR. JITENDRA KUMAR (PT)
(PHYSIOTHERAPIST)
REG.: C.G.P.T. 654
MOB.: 79991-85411