

Mo. 7999185411, 7697790919



HEALTH CARE PHYSIOTHERAPY CLINIC, DURG



PHYSIOTHERAPY TREATMENT BILL

BILL NO. : 53

BILL DATE :

BILLED TO :

Name : PRAKASH CHAND
: TAWRI
Address : 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	19-08-25 to 17-09-25	30 (MORNING)	15000/-	30000/-
2	PHYSIOTHERAPY EXERCISES		30 (EVENING)	15000/-	
TOTAL AMOUNT IN WORDS		RUPEES THIRTY THOUSAND ONLY			

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



HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT)
[BPT]

CONTACT- 7999185411

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

PATIENT NAME- PRAKASH TAWRI / AGE/SEX- 60 Y | MALE

REF. DR.-

CONTACT-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

EVENING

S.NO.	DATE	SESSIONS	FEES	S.NO.	DATE	SESSIONS	FEES
1	19-08-25	1	500/-	1	19-08-25	1	500/-
2	20-08-25	2	500/-	2	20-08-25	2	500/-
3	21-08-25	3	500/-	3	21-08-25	3	500/-
4	22-08-25	4	500/-	4	22-08-25	4	500/-
5	23-08-25	5	500/-	5	23-08-25	5	500/-
6	24-08-25	6	500/-	6	24-08-25	6	500/-
7	25-08-25	7	500/-	7	25-08-25	7	500/-
8	26-08-25	8	500/-	8	26-08-25	8	500/-
9	27-08-25	9	500/-	9	26-08-25	9	500/-
10	28-08-25	10	500/-	10	27-08-25	10	500/-
11	29-08-25	11	500/-	10	28-08-25	10	500/-
12	30-08-25	12	500/-	11	29-08-25	11	500/-
13	31-08-25	13	500/-	12	30-08-25	12	500/-
14	01-09-25	14	500/-	13	31-08-25	13	500/-
15	02-09-25	15	500/-	14	01-09-25	14	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)
[BPT]

CONTACT- 7999185411

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

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

REF. DR.-

CONTACT-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

EVENING

S.NO.	DATE	SESSIONS	FEES
1	03-09-25	16	500/-
2	04-09-25	17	500/-
3	05-09-25	18	500/-
4	06-09-25	19	500/-
5	07-09-25	20	500/-
6	08-09-25	21	500/-
7	09-09-25	22	500/-
8	10-09-25	23	500/-
9	11-09-25	24	500/-
10	12-09-25	25	500/-
11	13-09-25	26	500/-
12	14-09-25	27	500/-
13	15-09-25	28	500/-
14	16-09-25	29	500/-
15	17-09-25	30	500/-

S.NO.	DATE	SESSIONS	FEES
1	03-09-25	16	500/-
2	04-09-25	17	500/-
3	05-09-25	18	500/-
4	06-09-25	19	500/-
5	07-09-25	20	500/-
6	08-09-25	21	500/-
7	09-09-25	22	500/-
8	10-09-25	23	500/-
9	11-09-25	24	500/-
10	12-09-25	25	500/-
11	13-09-25	26	500/-
12	14-09-25	27	500/-
13	15-09-25	28	500/-
14	16-09-25	29	500/-
15	17-09-25	30	500/-

DATE-

[Signature]
SIGNATURE
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(PHYSIOTHERAPIST)
REG.: C.G.P.T. 654
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HEALTH CARE PHYSIOTHERAPY CLINIC, DURG



PHYSIOTHERAPY TREATMENT BILL

BILL NO. : 57

BILL DATE :

BILLED TO :

Name : PRAKASH CHAND

: TAWRI

Age : 60 Y

Address :

SATI CHAURA

Sex : MALE

GANJ PARA, DURG.

Sr No.	Type Of Service	Date	Total Sessions	Amount Per Session	Total Amount
1	PHYSIOTHERAPY EXERCISES	18-09-25 TO 17-10-25	30 (MORNING)	15000/-	30,000/-
2.	PHYSIOTHERAPY EXERCISES		30 (EVENING)	15000/-	
TOTAL AMOUNT IN WORDS		RUPEES THIRTY THOUSAND ONLY			

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



HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT)
[BPT]

CONTACT- 7999185411

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

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

CONTACT-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

S.NO.	DATE	SESSIONS	FEES
1	18-09-25	1	500/-
2	19-09-25	2	500/-
3	20-09-25	3	500/-
4	21-09-25	4	500/-
5	22-09-25	5	500/-
6	23-09-25	6	500/-
7	24-09-25	7	500/-
8	25-09-25	8	500/-
9	26-09-25	9	500/-
10	27-09-25	10	500/-
11	28-09-25	11	500/-
12	29-09-25	12	500/-
13	30-09-25	13	500/-
14	01-10-25	14	500/-
15	02-10-25	15-	500/-

EVENING

S.NO.	DATE	SESSIONS	FEES
1	18-09-25	1	500/-
2	19-09-25	2	500/-
3	20-09-25	3	500/-
4	21-09-25	4	500/-
5	22-09-25	5-	500/-
6	23-09-25	6	500/-
7	24-09-25	7	500/-
8	25-09-25	8	500/-
9	26-09-25	9	500/-
10	27-09-25	10	500/-
11	28-09-25	11	500/-
12	29-09-25	12	500/-
13	30-09-25	13	500/-
14	01-10-25	14	500/-
15	02-10-25	15-	500/-

DATE-

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



HEALTH CARE PHYSIOTHERAPY CLINIC



DR. JITENDRA KUMAR (PT)
[BPT]

CONTACT- 7999185411

ADD. GANJMANDI, NEAR- SURANA BUILDING GANJPARA DURG

PATIENT NAME-PRAKASH TAWRI AGE/SEX- 60y 1m

REF. DR.- CONTACT-

DIAGNOSIS- RT SIDE HEMIPLEGIA

MORNING

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

EVENING

S.NO.	DATE	SESSIONS	FEES
1	03-10-25-	16	500/-
2	04-10-25-	17	500/-
3	05-10-25-	18	500/-
4	06-10-25-	19	500/-
5	07-10-25-	20	500/-
6	08-10-25-	21	500/-
7	09-10-25-	22	500/-
8	10-10-25-	23	500/-
9	11-10-25-	24	500/-
10	12-10-25-	25-	500/-
11	13-10-25-	26	500/-
12	14-10-25-	27	500/-
13	15-10-25-	28	500/-
14	16-10-25-	29	500/-
15	17-10-25-	30	500/-

DATE-

DR. JITENDRA KUMAR (PT)
(PHYSIOTHERAPIST)
REFUGEE GRANT
MOB. 9730076992

Tawri