



### IndoVasc Hospital

8, Tilaknagar Society, Opp Welcome Hotel, Near Vadaj Circle, Ahmedabad-380013  
Phone: +91-8141288388 | Email: drsrujalshah@gmail.com | www.drsrujalshah.com

#### RECEIPT

Patient: Dharmendrasingh Chouhan Male/~32 Y  
UHID: 031256

Visit Num: IP000537/2425/1

Receipt No: IP/RC/24-25/11237  
Date: 27-Jan-2025

Admission Dt 27-Jan-2025 10:00 AM

Attending Doctor Dr. Srujal Shah

Admitting Doctor Dr. Srujal Shah

Received Amount of 50,000.00 only.

Fifty Thousand only.

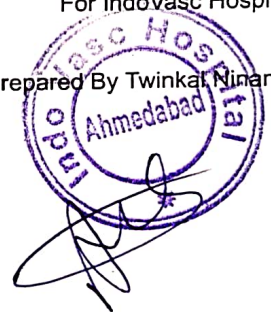
Payment Mode: Net Banking

For IndoVasc Hospital

\* E & O.E. Subject to Ahmedabad Jurisdiction. Have A Nice Day... Software by Plus1HealthIT.com

Prepared By Twinkal Ninama

NOTE: Net Banking Payment Receipt is valid after realization of payment only.





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### RECEIPT

Patient: Dharmendrasingh Chouhan Male/~32 Y  
UHID: 031256

Visit Num: IP000537/2425/1

Receipt No: IP/RC/24-25/11218

Date: 27-Jan-2025

Admission Dt 27-Jan-2025 10:00 AM

Attending Doctor Dr. Srujal Shah

Admitting Doctor Dr. Srujal Shah

Received Amount of 1,00,000.00 only.

One Lakh only.

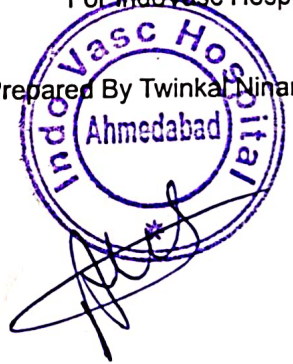
Payment Mode: Net Banking

For IndoVasc Hospital

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Prepared By Twinkal Ninama

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Phone: +91-8141288388 | Email: drsrujalshah@gmail.com | www.drsrujalshah.com

#### RECEIPT

Patient: Dharmendrasingh Chouhan Male/~32 Y  
UHID: 031256

Visit Num: IP000537/2425/1

Receipt No: IP/RC/24-25/11276

Date: 29-Jan-2025

Admission Dt 27-Jan-2025 10:00 AM

Attending Doctor Dr. Srujal Shah

Admitting Doctor Dr. Srujal Shah

Received Amount of 20,000.00 only.

Twenty Thousand only.

Payment Mode: Net Banking

For IndoVasc Hospital

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NOTE: Net Banking Payment Receipt is valid after realization of payment only.





## IndoVasc Hospital

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Phone: +91-8141288388 | Email: drsrujalshah@gmail.com | www.drsrujalshah.com

### OPD BILL

Patient: Dharmendrasingh Chouhan Male/~32 Y

Visit Num: OP012637/2425/1

Bill No: OP/OB/24-25/8988

UHID: 031256

Date: 16-Jan-2025

Visit Date: 16-Jan-2025 11:10 AM

Consultant: Dr. Srujal Shah

Sr.	Date	Particular(s)	Rate	Count	Gross Amt	Net Amt
<b>Professional Fees</b>						
1	16/01/2025	First Consultation -Dr. Srujal Shah	2,000.00	1.00	2,000.00	2,000.00
<b>Payments</b>						
1	16/01/2025	Payment -Net Banking Receipt# RC/24-25/10842			2,000.00	2,000.00
						<b>Net Bill: ₹ 2,000.00</b>
						<b>Balance Amount: ₹ 0.00</b>

Two Thousand only.

For IndoVasc Hospital

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Prepared By Rasila Vaghela

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BR



**Dr. ABDULLAH SHAIKH**

M.D. ANAESTHESIA

CONSULTANT ANAESTHETIST

P.G. Reg. No. : G12527

21, Mumtaz Society, Sarkhej Road, Ahmedabad-380 055.

Mobile : 9426314667  
9687300437

No. **29**

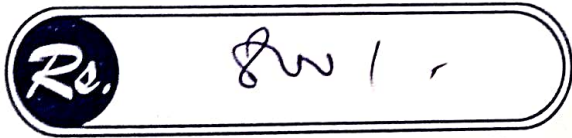
Date : **16/1/25**

Received with thanks Rs. **Eight hundred only**

From **Dharmendrasingh Chauhan**

For giving \_\_\_\_\_ during surgery of **CT UL Angio U**

done on him/her by Dr. **RadiBlen**



**Dr. ABDULLAH SHAIKH**

HOUSE, Khat Colony, Besides Gopi Anna Kshetra,  
harnagar Cross Road, Nava Vadaj, Ahmedabad-380013  
one : 079-27642090, **Imaging** 079-27643090, **Pathology** 90330 69048  
mail : radiscanimaging@gmail.com, radiscandiagnostics@gmail.com  
website : radiscan.com



**RADISCAN**  
**DIAGNOSTICS**

THE NEW STANDARDS IN DIAGNOSTICS

### Original Receipt

<b>CASENO:</b> 24OC18948	<b>City :</b> PALI	<b>PERMANENT ID:</b> 25M33DC00
<b>RCPT.No</b> CCT0004307	<b>Date :</b>	16/01/2025
<b>Received CASH with thanks from : Mr. DHARMENDRASINGH CHAUHAN</b>		
<b>The Sum of Rs.</b> Eight Thousand Only (as per details hereunder)		
Name of Procedure :- <b>CT</b>		
<b>Sr</b>	<b>Investigation</b>	<b>Amount</b>
1	BOTH UPPER LIMB ANGIO	8000
<b>Total Rs.</b>		<b>8000</b>
<div><b>Rs. 8,000.00</b></div>		
The receipt is valid Subject to relisation of cheque		
For, RADISCAN DIAGNOSTICS PVT LTD		

