

# NS multispeciality hospital

123, Main Road, Coimbatore - 641001

Phone: +91 99421 29724 | Email: help@nshospital.com

## Medical Invoice

**Billed To:**

**SIVAKUMAR S**  
6379150990  
3/4, Pachayappa Nagar 1st Street, Rakkiyalpalayam  
Privu, Tiruppur, Tamil Nadu, 641665

**Invoice Details:**

**Bill No:** #64BF6A  
**Date:** 28/12/2025  
**Doctor:** Dr. Aravind Kumar  
**Type:** OPD

#	Description	Rate	Qty	Amount
1	Consultation Fee	500.00	1	500.00
2	--- Medi Prescription ---	0.00	0	0.00
3	paracetamol (1 tab)	0.00	5	0.00
4	Scan Cost - Right-side chest	900.00	1	900.00
5	Scan Cost - Left-side chest	300.00	1	300.00

**Total: Rs. 1700.00**

**Grand Total: Rs. 1700.00**

Payment Mode: Cash

Authorized Signatory

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## Patient Information Form

### Personal Details

**Patient Name:** SIVAKUMAR S

**Patient ID:** 692aa8b4e33076d9ecbfe32a

**Age:** 21

**Gender:** Male

**Phone:** 6379150990

**Email:** sivakumar@example.com

**Blood Group:** O+

**Patient Type:** OPD

### Address Details

**Line 1:** 3/4, Pachayappa Nagar 1st Street

**Line 2:** Rakkiyalalayam Privu

**City:** Tiruppur

**State:** Tamil Nadu

**Pincode:** 641665

### Emergency Contact

**Name:** Rajapnistha

**Relation:** Wife

**Phone:** 6379150990

### Medical Details

**Allergies:** Dust Allergy

**Existing Conditions:** No major conditions

**Current Medications:** None

### OPD Visit Details

**Visit Count:** 1

**Last Visit:** 27/12/2025

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## Doctor Information Form

### Professional Details

<b>Doctor Name:</b>	Dr. Aravind Kumar	<b>Specialization:</b>	Cardiology
<b>Experience:</b>	15 years	<b>Qualification:</b>	MBBS, MD (Cardiology)
<b>Registration No:</b>	TN-MCI-452818	<b>Consultation Fee:</b>	Rs 500

### Contact Information

<b>Phone:</b>	9876543210	<b>Email:</b>	aravind.kumar@example.com
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### Availability

<b>Days:</b>	Mon, Tue, Wed, Sat
<b>Time:</b>	08:00 to 16:00

### Doctor Bio

Senior Cardiologist with 15 years experience in treating heart and vascular diseases.

### Rating & Reviews

<b>Average Rating:</b>	4.7 / 5	<b>Total Reviews:</b>	124
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## Prescription Summary Report

Prescription / Rx				
Medicine Name	Dosage	Freq	Duration	Instruction
paracetamol	1 tab	1-0-1	5 Days	With Meal

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## Radiology / Scan Report

### Scan: Right-side chest

Type:	MRI
Date:	26/12/2025
Description:	no
Indication:	-
Findings:	-
Impression:	-