

# 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

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

### Contact Information

|        |            |        |                           |
|--------|------------|--------|---------------------------|
| Phone: | 9876543210 | Email: | aravind.kumar@example.com |
|--------|------------|--------|---------------------------|

### Availability

|       |                    |
|-------|--------------------|
| Days: | Mon, Tue, Wed, Sat |
| Time: | 08:00 to 16:00     |

### Doctor Bio

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

### Rating & Reviews

|                 |         |                |     |
|-----------------|---------|----------------|-----|
| Average Rating: | 4.7 / 5 | Total Reviews: | 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:  | -          |