

SADHU VASWANI MISSION'S MEDICAL COMPLEX

7-9, Koregaon Park, Pune-411001. Tel: 6609 9999 / 2612 9080 Ambulance: 6609 9717

Fax: 020 - 6609 9703 Email: svmmcpune@gmail.com

Unit : I&BH / MNBCI / KKEI / F&BHI

Patient Name : Sumit Bhoyar

Company Name :

Referral Doctor Name : Self Self

Original

Page 1 of 3

Receipt No : OPRIB02210468676
UHID : 000001017778
Bill No : OPBIB02210505397
Bill Date : 23/10/2021 11:47:00AM
Payee :
Mobile No. : 9822284876

BILL CUM RECEIPT

SrNo.	Service Name	Doctor Name	Amount
1	Preventive Health Check Up For Male		7,400.00
✓ 2	Health Check Up Consultation - E N T		0.00
3	2 D Echo / Stress Test		0.00
✓ 4	Chest P A		0.00
✓ 5	U S G Abdomen & Or Pelvis (Screening)		0.00
✓ 6	Blood Sugar - Fasting		0.00
✓ 7	Urea		0.00
✓ 8	Creatinine Serum		0.00
✓ 9	Uric Acid		0.00
✓ 10	LFT (Liver Function Test)		0.00
✓ 11	Blood Sugar - P P		0.00
✓ 12	Urine Routine		0.00
✓ 13	Stool Routine		0.00

● Please Preserve Deposit Receipt.

● Cheque Subject to Realisation

● Subject to Pune Jurisdiction

● कृपया डिपॉझिटची पावती जपून ठेवावी.

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SrNo.	Service Name	Doctor Name	Amount
14	Stool Occult Blood		0.00
15	CBC (Haemogram)		0.00
16	ESR		0.00
17	Lipid Profile		0.00
18	Blood Group & Rh Type		0.00
19	PSA Total		0.00
20	T3 + T4 + TSH		0.00
21	Vitamin B - 12		0.00
22	Vitamin D 3, 25 Hydroxy Level		0.00
23	E C G (Computerised) - I & B		0.00
✓ 24	Health Check Up Consultation For Ophthalmology		0.00
25	Health Check Up Consultation For Physician		0.00

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SrNo.	Service Name	Doctor Name	Amount
26	Health Check Up Consultation For Dental		0.00
27	CRP		350.00
28	H L A B 27 P C R Qualitative		2,250.00

TEN THOUSAND RUPEES AND ZERO RUPEES ONLY

Cash : 100.00

Debit Card : 9,900.00 No: 7822 Date. 23/10/2021

I B H O P D Billing Main Counter / 3431

PAN : AABTS2708Q

Total Amount : 10,000.00
Paid Amount : 10,000.00
Concession/Free : 0.00
Balance Amount : 0.00

Cashier

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