



SUNSHINE HOSPITALS

(A Unit of Sarvejana Healthcare Pvt. Ltd.)
D. No. 201 - 205, P.G. Road,
Beside Paradise Hotel, Secunderabad - 500003
Tel: 040-43444546, 44550000, 8008108108 [Emer]

REGISTRATION BILL - CUM - RECEIPT

Sponsor : SELF

Department: ORTHOPAEDICS

Consultant : SUBBAIAH G.P.V

Patient Name : Mr.DEVENDAR AENAGABILL Status : ACTIVE
Age & Gender : 31 Y4 M22 D & Male UHID # : UMR0352072
Patient No. : OS16098146 Pay Type : CASH
Marital Status : SINGLE Reg Date : 01-09-2016
Phone : 8179728197 Validity : 10-09-2016

S.No Service Name

- 1 DR CONSULTATION CHARGES
- 2 REGISTRATION FEE
- 3 UHID REGISTRATION FEE

Account Head

- DOCTOR CHARGES
- NEW CASE FEES
- NEW CASE FEES

Bill Code

- SIP160901000215
- SIP160901000216
- SIP160901000216

Amount(Rs.)

500.00
0.00
50.00
550.00

Five Hundred Fifty Rupees Only

Narration : CASH RECEIPT OF Mr.DEVENDAR AENAGANTI

Note : Discount not Exist for the Patient

Account Balance (Rs.): 0.00

CASH BILL.rpt # S5680 # SUNDESK12 # 192.168.50.78 # SAHAROGYA # 01-SEP-2016 11:49 AM

Rs.

550.00

550.00

For,SUNSHINE HOSPITALS

Create By
Print By

: PRIYANKA
: S5680

OS16098146



Create Date
Print Date
Registration LAD

: 01-SEP-2016 11:48:59 AM
: 01-SEP-2016 11:49 AM
: SUNSHINE

Cheques are subject to realisation
info@sunshinehospitals.com
www.sunshinehospitals.com

(Authorised Sign.)
PRIYANKA

UMR0352072





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Beside Paradise Hotel, Secunderabad - 500003

PHARMACY CASH RECEIPT

Patient Name : Devendar Aenaganti
Age & Gender : 31 & Male UHID # : UMR0352072
Patient No. : OS16098146 (OP) Pay Type : Cash
Bill Date : 01/09/2016 13:15 PM Bill # : TOP1609010090
Phone : 8179728197

Sponsor : Self

Bed & LAD : - & -

Consultant : DrSubbaiah G.P.V

Ref No : ---

#	Ctg	Item	Bin	Mfg	Batchno	Exp	Qty	MRP	Discount	NetAmt
1	TAB	FLEXURA-D TAB	F14	SUN PHARMA	BSR0983	MAR-18	6	13.00	0.00	78.00
2	TAB	DEFCORT 6MG TAB	D5	MACLEODS	DGB620A	APR-19	3	10.25	0.00	30.75
3	TAB	PANTOWAY- LS CAP		NEXTWAY INDIA	SWC-	MAR-18	3	18.00	0.00	54.00

One Hundred Sixty-Three Rupees Only

CASH (Rs.) : 163.0

Sale Value : 163.00

Sig

E

Narration: Cash BILL OF Devendar Aenaganti

Create By: A.PRASANNA LAXMI

Print By: S0013

Create Date: 01/09/2016 13:15 PM

Print Date: 01-SEP-2016 01:16 PM

Pharmacist.

Counter : OP PHARMACY

TOP1609010090

D.L.No. TIN No:28191249257 , FORM-21C-16-301/HD/AP/2009/R

Email: Info@sunshinehospitals.com

Website: www.sunshinehospitals.com



- 1.Items Once Sold cannot be returned only Exchanges with In 90Days(Original Bill Mandatory)
2. Freezer, Food, Surgical & Rehabilitation Products cannot be returned & exchange
3. Loose Items cannot be return/Exchanged, Return Time Between 10 AM to 4 PM only