



S. S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000

Discharge Summary

PR Number	: 202302050233	IP Number : IP2302050048
Patient Name	: MRS. SHABINABEGAM M	Age/Sex : 37Y/F
TUMMINAKATTI		
Address	: RATTIHALLI, HAVERI	
Adm. Date & Time	: 05-02-2023 10:24 AM	Dis. Date & Time : : 07-02-2023 12:00 AM
Ward/Bed	: F-ENT-W1/8	
Department	: ENT	Consultant : DR. AJITH K M

Diagnosis:

LEFT CHRONIC OTITIS MEDIA MUCOSAL TYPE WITH MODERATE MIXED HEARING LOSS.

History of Present Illness:

37 year old female came with complaints of left ear discharge since childhood insidious in onset, gradually progressive, mucopurulent in nature , moderate in amount, non foul smelling, non blood tinged, aggravated during the episodes of URTI & relieved on taking medications . History of last episode of discharge 4 months back. History of reduced hearing in left ear since 1 year, insidious in onset, gradually progressive , cannot appreciate low intensity sounds , prefers right ear for telephonic communication . History of left ear pain on and off since 4 years. No history of tinnitus, headache , visual disturbances ,facial weakness. No h/o recent fever, cold, cough.

Past history : Not a k/c/o T2DM , HTN , Asthma, epilepsy, bleeding disorders. History of allergy present.

Physical Examination:

ENT EXAMINATION: EAR:RIGHT EAC-normal , RIGHT TM -Thin TM , LEFT EAC-normal , LEFT TM -Large central perforation, pale middle ear mucosa noted .
TFT-Rinne's -negative on left side , positive on right & Weber lateralized to left ear. NOSE : Deviated nasal septum right with spur , hypertrophied inferior turbinate on left side.
Cold spatula test- reduced fogging on right side . PNS - normal and non tender.
Throat- Normal , Neck - normal

Laboratory Details:

02/02/23- Hb- 10.5g/dl, RBC-4.5million/cumm, TC-9000cells/cumm, Platelet count- 4.2lakhs/cumm, , Sr. Urea- 22mg/dl, Creatinine-0.6mg/dl, BT- 2 min 25sec, CT- 6 min 50sec, RBS-127mg/dl, HIV- Non reactive, HbsAg- Non reactive ,

Investigative Procedures:

on 06/10/22-PTA -Right ear - 22 dBHL (minimal hearing loss) Left ear - 30 dBHL (moderate mixed hearing loss) .
Chest Xray and ECG-normal

Therapeutic Procedures:

ON 06/02/23- LEFT TYMPANOPLASTY UNDER GA WAS DONE BY DR AJITH KM, DR KEERTHI AND ASSISTED BY DR AKSHAY & DR SANJANA.

Patient put in supine position, GA induced, orotracheally intubated. Part painted & draped. Head turned with left ear facing upwards.LA infiltration (2% xylocaine + 1 in 2 lakh adrenaline) given over post auricular region & all 4 walls of EAC. Post aural Williams Wilde's incision taken, soft tissue dissected ,temporalis fascia graft harvested , pinna retracted anteriorly posterior meatotomy done. Under microscopic visualisation large central perforation noted .Margins of perforation freshened. Tympanomeatal flap elevated. Temporalis fascia graft placed stabilized with gel foam. Wounds closed in layers with 3-0 vicryl . Post aural dressing applied. Hemostasis achieved.GA reversed patient extubated , tolerated the procedure well. Immediate post operative facial nerve clinically intact.

Treatment Given:

NJ.XONE 1G IN 100 ML NS IV 1-0-0 FOR 2 DAYS.
INJ.PAN 40 MG (B/F) IV 0-0-1 FOR 2 DAYS.



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Discharge Summary

INJ.ONDEM-4 MG IV 1-0-0 SOS.
INJ DIVON AQ 75mg IN 100 ML NS IV 1-0-1 FOR 2 DAYS.
TAB XYZAL 0-0-1 FOR 1 DAY.

Condition on Discharge:

Left mastoid dressing changed , sutures insitu.Vitals stable, patient fit for discharge.

Advice on Discharge:

TAB CEFTRU 200 MG 1-0-1 FOR 7 DAYS.
TAB DICLORUT S 1-0-1 FOR 7 DAYS.
CAP RAPIRAB DSR (B/F) 0-0-1 FOR 7 DAYS.
TAB ODIMONT LC 0-0-1 FOR 3 WEEKS.
CAP VULTIVIT G 0-1-0 FOR 1 MONTH.
Avoid ear manipulation, forceful sneezing, straining, blowing of nose.

Follow Up:

Review after 1 week in ENT OPD on TUESDAY 14/02/23.

Signature of Nurse


Signature of Consultant
Dr. ADITH K.M.
Associate Professor
Dept. of Otorhinolaryngology
SSIMS & RC, Davangere
KMC Reg. 66382



S. S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000

Radiology Cash Bill

Bill No. : RDB/2223/5443 Booking No. : R2302163 Bill Date : 05-02-2023 10:48 AM

Patient Name : MRS. SHABINABEGAM M
TUMMINAKATTI Age/Sex : 37Y/F Registration No.: 202302050233
Father/Spouse : W/O MAHABOOBASAB Mobile No. : 9980087061 Registration Date: 05-02-2023
Department : ENT Consultant : ENT-UNIT-2
Plan : GENERAL Location : OP - ENT
Claim ID :
Patient Address : RATTIHALLI, HAVERI

SN	Particulars	Unit	Rate	Discount	Amount
1	ECG	1.00	100.00	0.00	100.00
Total Amount ₹					100.00
Net Amount ₹					100.00

Amount in words : One Hundred Rupees Only

Generated By : SUDHA SHANKAR

TRIVENI HI-TECH LAB AND DIGITAL X-RAY CENTER

2nd main, P.J Extension

AVK College Road, DAVANGERE

Ph. : 8660554842, 9964582203

Web :

BILL / RECEIPT

SID No : **TLC-8973**



Name : 8967/Mrs. SHABEENA BEGAM M TUMMINAKATTI (38 Y/F)

Ref. by : Dr. A M SHIVAKUMAR MS ENT

Reg.Date : 02/02/2023 Reg.Time : 13:11:08

S.No.	Test Name	Amount
1	LDH - Lactate Dehydrogenase	450.00
2	OT PROFILE SAM	1300.00
3	CRP - C-Reactive Protein	450.00
Total Amount		2200.00
Paid Amount		2200.00

Please Collect Your Report Within 7 Days

Bring This Bill to Collect Your Report.

x-ray - 450 - 00
2650 - 00

For TRIVENI HI-TECH LAB AND DIGITAL X-RAY CENTER

Bill User : ADMIN

02/02/2023 01:55:55 PM

Visit us for online reports @

Login User ID : P0008967

Password : SHA

SIMS & RC HOSPITAL MEDICAL [1]

TAX INVOICE

JANASHANKARA NH-4

BYPASS ROAD , DAVANGERE 5

PH.NO : 8192266096

DL.NO :

KA-D62-20/21-5

GST.NO:

29AAATE3067E1Z

Inv No: 002/22/5/16255
Date: 05/02/23 Time:16:58

PATIENT NAME:SHABINA BEGUM

DR NARENDRA S SAIMSARC HOSPITAL
JANASHANKARA NH-4
BYPASS ROAD , DAVANGERE 5
PH.NO : 8192266096
DL.NO : KA-D62-20/21-531 , KA-D62-20/21-5
GST.NO: 29AAATE3067E1Z , 29AAATE3067E1Z

RACK PARTICULARS

	QTY	CMP	BATCH	HEN	EXP.	RATE	TAX%	AMOUNT
924 SILAXONE IBM INJ	3	SILV	RA2110	3004	09-23	54.62	12.0	181.86
926 ZYFLAN 40MG INJ	2	HETE	NAAJI	3004	07-24	45.60	12.0	166.80
COU DIVON AQ INJ	2	MICR	DEW533	3004	01-24	25.00	12.0	56.00
F3 BETT INJ	1	BIOL	A01363	3002	05-25	12.54	5.0	12.64
636 PANTOZOER 40 TAB	1	SFPL	SOT508	3004	11-24	6.25	12.0	7.00
N21 ANXIT 0.5MG TAB	1	MICR	AXES90	3004	05-25	2.80	12.0	3.13
647 COSKLOT PLUS TAB	1	DAK	AC0220	3004	04-25	12.90	12.0	14.45
474 OMEPROMT LC TAB	2	GERM	129370	3004	08-24	18.20	12.0	49.77
ITEMS		IGST AMT	GST AMT	COST AMT	VAT AMT	TOTAL AMT	DISCOUNT	NET TOTAL

Rs.Five Hundred Thirty Rupees only

TAX INVOICE

SSIMS & RC HOSPITAL MEDICAL [1]

JANASHANKARA NH-4
BYPASS ROAD , DAVANGERE 5

PH.NO : 8192266096

DL.NO :

KA-D62-20/21-531 , KA-D62-20/21-5

GST.NO: 29AAATE3067E1Z , 29AAATE3067E1Z

PATIENT NAME:SHABINA BEGUM

RACK PARTICULARS

	QTY	CMP	BATCH	HEN	EXP.	RATE	TAX%	AMOUNT
CAT NORMAL SALINE 9% I.V.	6	PARE	210034	3004	09-24	17.54	12.0	117.99
CAT CLOTH COVER (12x16)	1	GENE	138156	3004	10-25	3.39	10.0	4.00

ITEMS

IGST AMT

GST AMT

COST AMT

VAT AMT

TOTAL AMT

DISCOUNT

NET TOTAL

10

28.65

28.65

28.65

537.56

7.56

530.00

GST code:-GC01

USER NAME:-GANESH T

Rs.Five Hundred Thirty Rupees only

TAX INVOICE

DR NARENDRA S SAIMSARC HOSPITAL
JANASHANKARA NH-4

BYPASS ROAD , DAVANGERE 5

PH.NO : 8192266096

DL.NO :

KA-D62-20/21-531 , KA-D62-20/21-5

GST.NO: 29AAATE3067E1Z , 29AAATE3067E1Z

PATIENT NAME:SHABINA BEGUM

DR NARENDRA S SAIMSARC HOSPITAL
JANASHANKARA NH-4
BYPASS ROAD , DAVANGERE 5

PH.NO : 8192266096

DL.NO :

KA-D62-20/21-531 , KA-D62-20/21-5

GST.NO: 29AAATE3067E1Z , 29AAATE3067E1Z



S. S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000

Receipt

Receipt No. : APR/2223/14119

Receipt Date & Time : 05-02-2023 04:52 PM

Registration No. : IP2302050048

Registration Date : 05-02-2023

Patient Name : MRS. SHABINABEGAM M TUMMINAKATTI

Patient Address : RATTIHALLI, HAVERI

SN	Description	Amount
1	Towards Advance	2000.00
Total Receipt Amount		2000.00

Narration : O T ADVANCE

Counter : ADVANCE CASH

Payment Mode : CASH

Amount in words : Two Thousand Rupees Only

HARISH H.C
Cashier

SSIMS & RC HOSPITAL MEDICAL [1]
JANASHANKARA NH-4
EYFASS ROAD, DAUANGERE 5
PH. NO : 8192266096
DR. NO : KA-D02-20/21-531
EST. NO : 294AATB3667E1ZK

PATIENT NAME : SHABINA BEGUM

Inv No: 002/22/S/163728
 Date: 07/02/23 Time: 09:39
 DR.AJITH K IN SSIMS&RC HOSPITAL

RACK	PARTICULARS	QTY	COPR	BATCH	HSN	EXP.	RATE	TAX%	AMOUNT
468	DICLORUT S TAB	7	CAP	22AT03	3004	12-23	6.70	12.0	52.50
468	DICLORUT S TAB	7	CAP	FNT811	3004	07-24	6.70	12.0	52.50
211	RAPIRAB DSR CAP	7	HAI	MBC619	3004	04-24	9.82	12.0	77.00
469	MULTIVIT 6 CAP	36	VDO	IF2204	2106	02-24	16.59	18.0	375.00
474	ODIMONT LC TAB	21	GERI	120378	3004	08-24	18.20	12.0	428.11
084	MICROPORE 1 INCH	1	SURG	21CL60	3005	06-24	55.88	12.0	62.58
CUT EXAMINATION GLOVES (M)		4	SURG	122022	4015	12-27	8.93	12.0	40.00

ITEMS	QTY	UNIT	CUST AMT	WAT AMT	TOTAL AMT	DISCOUNT	NET TOTAL
	7		65.45	65.45	1985.37	18.37	1867.00
Res. One Thousand Sixty Seven Rupees Only							
D.P.							

Cust code:-BC01
 User Name:-ROOPA MS

ASTH & RT PHARMA (PVT)

ASTH & RT HOSPITAL

ASTH & RT HOSPITAL

FH-NR : 51422KA176
D-MN : KA-MG-181928 KA-MG-181929
GST-NR : 29AAATRAK67F17X 29AAATRAK67F17X

REGISTRATION

Inv No: 001/52/S/70975

Date: 07/02/23 Time: /10:06

PATIENT NAME: SHARINA REGHIN
BORN

DEATH K IN ASTHMA HOSPITAL

Rate	Particulars	Qty	Chap	Batch	HSN	Exp.	Rate	Tax%	Amount
231	REFILL 200ml TAH	14	TRI	DCFF20	3664	67-74	37-23	12-6	348-60

Trans	Test Amt	Sgst Amt	CGST Amt	VAR Amt	Total Amt	DISCINT	NFT	Total
	18.30	18.30		348.72	348.72	0.72	348.60	

Rs. Three Hundred Forty Rupees only
D.P.



**S. S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH
CENTRE**

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000
IP Cash Bill - Details

Bill No.	: IPB/2223/12899			Registration No. : IP2302050048	Bill Date : 07-02-2023 01:03 PM			
Patient Name	MRS. SHABINABEGAM M	Age/Sex	: 37Y/F					
TUMMINAKATTI		Mobile No.	: 9980087061	D.O.A.:	05-02-2023			
Father/Spouse	W/O MAHABOOBASAB	Consultant	: DR. AJITH K M	D.O.D.:	07-02-2023			
Department	: ENT	Location	: F-ENT-W1/8					
Plan	: GENERAL							
Claim ID								
Patient Address	RATTIHALLI, HAVERI							
SN	Date	Ward/Bed	Particulars	Unit	Rate	Discount	Amount	
ADMISSION CHARGE			ADMISSION CHARGE	1.00	120.00	0.00	120.00	
1	05-02-2023	F-ENT-W1/8	ADMISSION CHARGE	1.00	120.00	0.00	120.00	ADMISSION CHARGE Total
CONSULTATION			CONSULTATION	1.00	100.00	0.00	100.00	
2	05-02-2023	F-ENT-W1/8	1ST CONSULTATION - DR. AJITH K M	1.00	100.00	0.00	100.00	CONSULTATION Total
CROSS CONSULTATION			CROSS CONSULTATION	1.00	100.00	0.00	100.00	
3	06-02-2023	F-ENT-W1/8	CROSS CONSULTATION - DR. ARUN KUMAR AJJAPPA	1.00	100.00	0.00	100.00	
4	07-02-2023	F-ENT-W1/8	CROSS CONSULTATION - MED-UNIT-1	1.00	100.00	0.00	100.00	
			CROSS CONSULTATION Total	1.00	100.00	0.00	100.00	
DRESSING			DRESSING	1.00	100.00	0.00	100.00	
5	07-02-2023	F-ENT-W1/8	MINOR DRESSING	1.00	100.00	0.00	100.00	
6	06-02-2023	F-ENT-W1/8	STERILIZATION CHARGE	1.00	100.00	0.00	100.00	
			DRESSING Total	1.00	100.00	0.00	100.00	
INJECTION & DRUGS			INJECTION & DRUGS	1.00	50.00	0.00	50.00	
7	06-02-2023	F-ENT-W1/8	INJ-FENDROP	1.00	50.00	0.00	50.00	
			INJECTION & DRUGS Total	1.00	50.00	0.00	50.00	
INSTRUMENT / IMPLANT			INSTRUMENT / IMPLANT	1.00	500.00	0.00	500.00	
8	06-02-2023	F-ENT-W1/8	MICROS INSTRUMENT CHARGE	1.00	500.00	0.00	500.00	
			INSTRUMENT / IMPLANT Total	1.00	500.00	0.00	500.00	
JR. DOCTOR			JR. DOCTOR	2.00	25.00	0.00	50.00	
9	07-02-2023	F-ENT-W1/8	JR.DOCTOR	2.00	25.00	0.00	50.00	
			JR. DOCTOR Total	2.00	25.00	0.00	50.00	
NURSING			NURSING	2.00	25.00	0.00	50.00	
10	07-02-2023	F-ENT-W1/8	NURSING	2.00	25.00	0.00	50.00	
			NURSING Total	2.00	25.00	0.00	50.00	
OPERATIONS			OPERATIONS	1.00	9600.00	0.00	9600.00	
11	06-02-2023	F-ENT-W1/8	TYMPANOPLASTY - DR. MUNISH K S	1.00	9600.00	0.00	9600.00	
			OPERATIONS Total	1.00	9600.00	0.00	9600.00	
OTHERS			OTHERS	1.00	50.00	0.00	50.00	
12	07-02-2023	F-ENT-W1/8	ID BAND LABEL	1.00	50.00	0.00	50.00	
			OTHERS Total	1.00	50.00	0.00	50.00	
VISITING			VISITING	2.00	50.00	0.00	100.00	
13	07-02-2023	F-ENT-W1/8	DAILY VISIT - DR. AJITH K M	2.00	50.00	0.00	100.00	
			VISITING Total	2.00	50.00	0.00	100.00	

**INSTITUTE OF MEDICAL SCIENCES & RESEARCH
CENTRE**

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000
IP Cash Bill - Details

Patient No.	: IPB/2223/12899	Registration No. : IP2302050048	Bill Date : 07-02-2023 01:03 PM
Patient Name	: MRS. SHABINABEGAM M	Age/Sex : 37Y/F	D.O.A. : 05-02-2023
Father/Spouse	: TUMMINAKATTI	Mobile No. : 9980087061	D.O.D. : 07-02-2023
Department	: W/O MAHABOOBASAB	Consultant : DR. AJITH K M	
Plan	: ENT	Location : F-ENT-W1/8	
Claim ID	:		
Patient Address	: RATTIHALLI, HAVERI		

SN	Date	Ward/Bed	Particulars	Unit	Rate	Discount	Amount
14	07-02-2023	F-ENT-W1/8	GENERAL WARD CHARGES	2.00	200.00	0.00	400.00
WARD RENT Total							400.00
Total Amount							11420.00
Net Amount							11420.00
Amount Recieved Towards Advance							11420.00
Amount Received Towards Bill							0.00
Balance Amount							0.00

Amount in words : Eleven Thousand Four Hundred and Twenty Rupees Only

Payment Details						
SN	Receipt No.	Date	Mode	Referrence No.	Narration	Amount
1	APR/2223/14119	05-02-2023	CASH		O T ADVANCE	2000.00
2	APR/2223/14211	07-02-2023	BANK TRANSFER	9980087061@axl	WARD ADV AMT	9420.00

Generated By : SUVARNA M.H

Kasturba Hospital

Madav Road, Manipal, Post Box NO 7 20116 - 19900

Tel - +91 820 2571201-210 GSTIN: 29AAETM8695B1Z4

BILL CUM RECEIPT



Page 1 of 1

UHID : 01/3557236
 Bill No : OP/22-23/719146 CS
 Payer : Self
 Doctor :
 Address : BILLALLIYAVAR ROAD,NESHM ,RATTIHALLI ,Haveri,Karnataka,581208

Patient Name : Mrs. SHABINABEGUM M TUMMINAKATTI

Bill Date : 06/10/2022 Bill Time : 01:17

Payer Type : Cash Unit : ENT001

Location : OP REGISTRATION - User : prajnav

S.NO	SER.	SER. NAME	SAC	QTY	RATE	GROSS	DISC	NETAMT
1	MIC023	MICROSCOPIC EXAMINATION AND CLEANING	0	1	250.00	250.00	0.00	250.00
					Total	250.00	0.00	250.00

Receipt Details		
Receipt No.	Receipt Date	Receipt Amt
REC/22-23/937038	06/10/2022	250.00

Total Net Amount(Rounded)		250.00
Discount	Discount	0.00

Patient Paid	250.00
TCS Amt	0.00
Fund Adjusted Amt	0.00
Patient Balance	0.00

Voucher No :
 Paid By Cash (INR) : 250.00

Get your Manipal Arogya Card , to avail Discounts on Hospital Bills

Printed By : prajnav

PAID

Rec. No.:
 O.P. / I.P. Billing

SSIMS_RC MEDICALS STORE
SSIMS_RC HOSPITAL, JANASHANKARA NH-4 , BYPASS ROAD DVG, DAVANGERE, Pin : 577005

SSIMS

RC

HOSPITAL

JANASHANKARA

NH-4

BYPASS ROAD

DVG

DAVANGERE

Pin : 577005

Payment

Printed Date : 07-Feb-23 12:52:09

Receipt No : 012/22/H/13809

Patient No : 2302050048

Patient Name : SHABINA BEGAM M TUMMINAKATTI IP I Receipt Date : 07-02-23 Time : 12:52:07

Gender/Age : M/O

Company Name :
Received with Thanks from A sum of Rs. 4198.00 Four Thousand One Hundred Ninety Eight Rupees only

Remarks (if any) :

22-S-48039/Rs. 78.00 Date 2023-02-06, 22-S-48095/Rs. 2591.00 Date 2023-02-06, 22-S-48097/Rs. 1434.00 Date

22-S-48163/Rs. 95.00 Date 2023-02-07

Mode of Payment	Sl.no	Payment Mode	Chq/DD No	Chq Date	Bank Details	Amount(Rs)
	1	CASH				4198.00

User id : SADASHIVA

Cashier : SADASHIVA RC Medicals (Stores)

SADASHIVA RC Medicals (Stores)
Davangere

SSIMS RC MEDICALS STORE

SSIMS RC HOSPITAL, JANASHANKARA NH-4, BYPASS ROAD DVG, DAVANGERE, Pin : 577005

DL No : KA-DG2-20/-531/KA-DG2-21/-531

In-Patient Pharmacy Bills Breakup :

From Date : 05-02-23

To : 07-02-23

IP No :	2302050048	Patient Name:	SHABINA BEGAM M TUMMINAKATTI IP NO 23020		
Inv No	Date	Item Description	Qty	Bill Amount	Total
012/22/S/48039	06-02-23	DISPO NEEDLE NO 22G	1	2.00	
012/22/S/48039	06-02-23	DISPO NEEDLE NO 22G	1	2.00	
012/22/S/48039	06-02-23	EXAMINATION GLOVES (M)	2	16.00	
012/22/S/48039	06-02-23	EXAMINATION GLOVES (M)	2	20.00	
012/22/S/48039	06-02-23	FACE MASK	2	20.00	
012/22/S/48039	06-02-23	INSULIN SYRINGE 1ML	2	18.80	
					78.00
012/22/S/48095	06-02-23	ADRENALINE INJ	1	19.43	
012/22/S/48095	06-02-23	ADRENALINE INJ	1	19.43	
012/22/S/48095	06-02-23	BD EMRD SYRINGE 10ML	2	37.00	
012/22/S/48095	06-02-23	BD EMRD SYRINGE 2ML	2	18.00	
012/22/S/48095	06-02-23	BD EMRD SYRINGE 5ML	2	20.00	
012/22/S/48095	06-02-23	DEXONA INJ	1	11.57	
012/22/S/48095	06-02-23	DISPO NEEDLE NO 26G 1-1/2"INCH	1	2.50	
012/22/S/48095	06-02-23	DISPOVAN SYRINGE 20ML	1	25.00	
012/22/S/48095	06-02-23	DISPOVAN SYRINGE 20ML	1	25.00	
012/22/S/48095	06-02-23	DIVON AQ INJ	1	28.00	
012/22/S/48095	06-02-23	GLOVES NO-6 (STERILE)	2	160.00	
012/22/S/48095	06-02-23	GLOVES NO-7 (STERILE)	3	300.00	
012/22/S/48095	06-02-23	MCT ROF 1% INJ	1	87.50	
012/22/S/48095	06-02-23	MICROSCOPE ECO SMALL	1	268.00	
012/22/S/48095	06-02-23	MONITORING ELECTRODES	3	81.00	
012/22/S/48095	06-02-23	MYOSTIGMIN 0.5MG INJ	4	21.36	
012/22/S/48095	06-02-23	MYOSTIGMIN 0.5MG INJ	3	16.02	
012/22/S/48095	06-02-23	NEOMIT 2ML INJ	1	14.20	
012/22/S/48095	06-02-23	NORMAL SALINE 1000ML I.V.	1	58.20	
012/22/S/48095	06-02-23	OYSTER IV SET VENTED	1	145.00	
012/22/S/48095	06-02-23	PORTEX TRACH TUBE 7.5	1	324.00	
012/22/S/48095	06-02-23	PYROLATE INJ 1ML	4	57.52	
012/22/S/48095	06-02-23	R L (REGULAR) I.V.	2	112.88	
012/22/S/48095	06-02-23	SUCTION CATHE NO 14 (GREEN)	1	80.00	
012/22/S/48095	06-02-23	SURGICAL BLADE NO 15	1	4.25	
012/22/S/48095	06-02-23	SURGICAL BLADE NO.10	1	4.00	
012/22/S/48095	06-02-23	SURGICAL BLADE NO.10	1	4.00	
012/22/S/48095	06-02-23	VICRYL 3-0 2472 (RC) 22MM 90CM	1	670.00	
012/22/S/48095	06-02-23	WATER FOR 10ML (PLASTIC)	4	24.00	
					2591.00
012/22/S/48097	06-02-23	ABGEL 10CM	1	115.00	
012/22/S/48097	06-02-23	ATROPINE SULPHATE INJ	1	4.38	
012/22/S/48097	06-02-23	CAUTERY PLATE (P) (FOR 5 PATIENTS) (SSSTORE)	1	180.00	
012/22/S/48097	06-02-23	CAUTERY WIRE (A) (FOR 10 PATIENTS) (SSSTORE)	1	95.00	
012/22/S/48097	06-02-23	CORT S INJ	1	44.00	
012/22/S/48097	06-02-23	EFIPRES INJ	1	37.00	
012/22/S/48097	06-02-23	EXAMINATION GLOVES (M)	8	80.00	
012/22/S/48097	06-02-23	FACE MASK	20	200.00	
012/22/S/48097	06-02-23	HEAD CAP (F)	20	140.00	
012/22/S/48097	06-02-23	MEZOLAM INJ 10ML	1	6.50	

Page 1 of 2

DL No : KA-DG2-201/531/KA-DG2-21/531

In-Patient Pharmacy Bills Breakup :

From Date : 05-02-23

To : 07-02-23

Patient Name:SHABINA BEGAM M TUMMINAKATTI IP NO:23020

IP No	Date	Item Description	Qty	Bill Amount	Total
012/22/S/48097	06-02-23	OT CIRCUIT ADULT (FOR 20 PATIENT) (SSSTORE)	1	73.75	
012/22/S/48097	06-02-23	SOSRANE 250ML LIQUID	20	242.16	
012/22/S/48097	06-02-23	THEMICAINE AD INJ 30ML	1	0.88	
012/22/S/48097	06-02-23	THEMICAINE AD INJ 30ML	14	12.36	
012/22/S/48097	06-02-23	ZYVEC 10MG INJ (SS STORE)	10	220.42	
					1434.00
012/22/S/48163	07-02-23	BD EMRD SYRINGE 5ML	2	20.00	
012/22/S/48163	07-02-23	DISPO NEEDLE NO 22G	4	8.00	
012/22/S/48163	07-02-23	EXAMINATION GLOVES (M)	4	32.00	
012/22/S/48163	07-02-23	EXAMINATION GLOVES (M)	2	16.00	
012/22/S/48163	07-02-23	FACE MASK	2	20.00	
					95.00

No. of Invoices : 4

Sales Amount : 4198.00

Return Amount : 0.00

Net Amount : 4198.00

SSIMS & RC ~~Medicals~~ (Stores)
Data Entry
Dattabgare



S. S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Jnanashankara, NH-4, By Pass Road, Davangere-577005 Phone No.:+91-819-2266000

OP Cash Bill

Bill No.	: OPB/2223/42280	Bill Date : 14-02-2023 10:49 AM
Patient Name	: MRS. SHABEENA BEGAM	Age/Sex : 37Y/F Registration No.: 202302140446
Father/Spouse	: W/O MAHABOOB SAB	Mobile No. : Registration Date: 14-02-2023
Department	: ENT	Consultant : ENT-UNIT-2
Plan	: GENERAL	Location : OP - ENT
Claim ID	:	
Patient Address	: RATTIHALLI, HAVERI	

SN	Particulars	Unit	Rate	Discount	Amount
1	SWAB/GAUZE/PAD/R.BAND/DRESS	1.00	100.00	0.00	100.00
2	DISPO GLOVE	4.00	6.00	0.00	24.00
					Total Amount 124.00
					Net Amount 124.00
					Amount Received Towards Bill 124.00
					Balance Amount 0.00

Amount in words : One Hundred and Twenty Four Rupees Only

Generated By : NAGARAJ G.D

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ESTATE PLANNING IN PHARMA COMPANIES

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KANBAN-191929 KANBAN-191939

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On Blood vessels 111

Scanned with CamScanner

CSING HILL PHARMA (P) LTD.
SINGH & SINGH
HILL HOSPITAL
PH. NO : 819226126

Patent No. 6611725 / 726806
Date: 14/07/2011 Time: 11:14
Patient Name: SHAREENA REHMAN

Scanned with CamScanner

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DR. SHIVAKUMAR K P

NAME	DATE	TIME	WIND	TEMP.	RH
321 RANJAR 15045 TAR	16	11:45	N	63.5-74	12.6
347 FERNAN P TAR	14	11:45	ESE	63.5-74	13.5-58
402 CIRIIX 15045 TAR	14	11:45	NE	63.5-74	12.6
416 CIRIIX 15045 TAR	14	11:45	NE	63.5-74	13.5-58
	182109	11:45	NE	63.5-74	12.6

TYPE : EAST ASIA : SECRET AIRCRAFT : EAST ASIA
a. 10-10 10-10 10-10
b. 10-10 10-10 10-10
c. 10-10 10-10 10-10
d. 10-10 10-10 10-10
e. 10-10 10-10 10-10
f. 10-10 10-10 10-10
g. 10-10 10-10 10-10
h. 10-10 10-10 10-10
i. 10-10 10-10 10-10
j. 10-10 10-10 10-10

NET 100.00