

## **RUBAN MEMORIAL HOSPITAL**

(A UNIT OF RUBAN PATLIPUTRA HOSPITAL PVT. LTD.)

19, PATLIPUTRA COLONY

Phones:0612 - 3503100, 2271020, E-mail:info@ruban.org.in Website:rubanpatliputrahospital.com

GSTIN: 10AAFCR2222R1ZG

## **Consultation Bill Cum Receipt**

Print Date: 18-Mar-2023 13:56:1Hr

**Bill Number** : CNBL/2022/60835 **Receipt Number** : CH01/2022/38039

: Mrs ANITA KUMARI

**Patient Name** Age

: 52Yrs

Appointment Date: 18-Mar-2023

Appointment No.: 527094

**QNumber** 

Address

Sex : FEMALE : A-30MITRA MANDAL COLONY PHULWARI

Referred By

Doctor Name Dr. AVINASH KUMAR Received from Mrs ANITA KUMARI Amount Of RUPEES EIGHT HUNDRED

ONLY

Payment Mode DEBIT CARD

**Card Type** 

MASTER CARD

**Card Expiry** 

**Card Number** 

XXXX-XXXX-XXXX-9440

Approval No.

025134

Posted By 20210379

Printed By 20210379

Bill Date

:18-Mar-2023 13:56:02Hr :18-Mar-2023 13:56:02Hr

**Receipt Date** 

Hospital Number: 22L00554

Phone Number :8789091992

Clinic / Department : GENERAL/GENERAL & LAPAROSCOPIC SURGERY

: SELF

0.00 800.00 Discount Amt. (Rs.)

> Total Net Amt. (Rs.) Collected Amt. (Rs.)

Unit Rate Disc Amount Net Amount (Rs.

Con. Refund (Rs.) (Rs.) **Due Current** 

Due B/F (Rs.)

**Total Due** 

RDHAR GOPAL )

800.00

800.00

800.00

0.00

0.00

0.00

0.00

0.00



## RUBAN MEMORIAL HOSPITAL

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## **OP Bill Cum Receipt**

Print Date: 21-Mar-2023 9:57:33 Hr

GENERAL(GENERAL)

Page 1 of 1

Bill Number

: OPBL/2022/41080

Voucher Number : CH02/2022/39623

**Patient Name** 

: Mrs ANITA KUMARI

: 52Yrs

: FEMALE

**Bill Date** 

: 21-Mar-2023 9:57:32 Hr

**Voucher Date** 

**Doctor Name** 

: 21-Mar-2023 9:57:32 Hr

Hospital Number: 22L00554

: AVINASH KUMAR

Address

Age

: A-30MITRA MANDAL COLONY PHULWARI

Referred Doctor: SELF

S. No. Service N	ame		Quantity	Unit Rate I	Disc. Amt.	Net A	mount (Rs.)
1 ECG			1.00	300.00	0.00		300.00
/	V,HIV - 18		1.00	950.00	0.00		950.00
	DLE ABDOMEN (FEMALE) -6		1.00	1600.00	0.00	Ant.	1600.00
3 030 Will		Disco		0.00			
Received from Mrs ANITA KUMARI Amount of RUPEES TWO			Total Net Amount (Rs.)				2850.00
THOUSAND EIGHT HUNDRED FIFTY ONLY			Colle		2850.00		
Payment Mode: DEBIT CARD Concess  MASTER CARD Due Curr							0.00 00.0
Card Type :	MASTER CARD		Due B/F (Rs.)				0.00
Card Expiry: Card Number: Approval No:	XXXX-XXXX-9440 071761		Total Due (Rs.)				0.00

Posted By PAWAN19

Printed By PAWAN19

Signature (PÁWAN KUMAR)

RATAN PHARMA (CHEMIST & DRUGGIST) 19, PATLIPUTRA COLONY PATNA - 800013 - BIHAR

Phone No: 0612 - 3503100/2271020

**CARD MEMO** 

**Print Date** 

: 24-Mar-2023 1:32 pm

Receipt Number: 99201

Hospital No

: 22L00554

**Patient Name** 

: ANITA KUMARI

Patient Address: A-30MITRA MANDAL COLONY PHULWARI

Page Number

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**Bill Number** 

: 104894

**Bill Date** 

: 24-Mar-2023 1:32 pm

**Doctor Name** 

: AVINASH KUMAR

# HSN C	ode Diag Description	Mfd By	Batch No / ExpDate	Qty	Unit MRP	Discount	Sale Amount
3004	CALPOL 650 MG TAB 15 PS	GSK	**ED619 / Oct 2025	15	2.00	3.00	27.00
3004	PANTOCID DSR . TAB 15 PS	SUN	SIE0012A / Dec 2024	15	14.33	21.50	193.46
3004	CLAVAM 625 MG TAB 10 PS	ALKEM	**22443551/ Apr 2024	20/	18.28	36.56	329.04
/	A Comment			1		61.06	549.50
	<u>-</u>					01.00	<b>0</b> + 0

mount In Word: Rupees Five Hundred Fifty Only -/

repared By

: (Nikhil17)

Drug License No: BR-PAT-148742,43

ΓΙΝ No.

: 10157740054

GST TIN No.

: 10AAFCR2222R1ZG

1. Drug return will be accepted only within 1 month of purchase.

2. Drugs requiring refrigeration will not be accepted for return.

Round Off

0.50

Invoice Amount:

550.00