

FOR I C I C I Lombard **VELLORE PHARMA**USE ONLY12 BSIDC COLONY, S K PURI,
OPP. A N COLLEGE, ADRI GALI, PATNA-800013

Phone : 7260956035

GSTIN : 10AULPA4052F1ZC
BR-PAT-115243/115244**GST INVOICE**PATIENT : ANITA KUMARI
ADDRESS :
PRES. BY. : DR. GAURAV ASHISHBILL NO. : R003295
BILL DATE : 05/07/2024
PHONE NO. :

Sl.	Qty.	Product	Pack	Mfg.	Batch	Exp.	Mrp	Dis%	Amount
1	20.00	VELL-RAB DSR	1*10	CELLULAS	##BMC-309	11/25	90.00	0.00	180.00
2	2.00	HISTAGON	1*10	CELLULAS	GT4917H	8/25	120.0	0.00	240.00
3	20.00	ANTIBLUE 10MG TAB	1*20	ACHEMIC	AL-10-2213	12/26	53.27	0.00	53.27
4	2.00	VRODY SYRUP	100ML	CELLULAS	S24B012	1/26	130.0	0.00	260.00

USER NAME- 1
BILLING TIME 14:18TOTAL 733.27
CASH DISCOUNT 0.00
ROUND OFF -0.27
PLEASE PAY 733.00**Rs. Seven Hundred Thirty Three Only**All disputes subject to Patna Jurisdiction only.
Price Inclusive of all taxes.**Medicine once sold can not be taken back.**
Please consult Dr. Before using the medicines.For **VELLORE PHARMA****FOR VELLORE PHARMA**

Authorized signatory

Proprietor

FOR ICICI LOANARD
USE ONLY



RUBAN MEMORIAL HOSPITAL

(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)
19,17 - Patliputra Colony, Near Patliputra Golambar, Patna - 800013
Phone No: 0612 - 2271020/ 21 / 22
E-mail: info@ruban.org.in | Website: www.rubanpatliputrahospital.com
URN: UDYAM-BR-26-0008072



H-2017-1176

GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 12/07/2024 01:05PM
Bill No : RHOC566648
Receipt No : RHORC52806

Referred By : WALK-IN
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Patient Address : A-30MITRA MANDAL COLONY PHULWARI ,, PATNA,
BIHAR, 0

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	Consultation charges Dr. SHYAM KISHORE (Initial Visit,13:10)	1	800	0.00	800	800.00

Bill Amount : 800.00
Paid by Patient : 800.00

Amount in words : Rs. Eight Hundred only

Sum of Rs. 800.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)

Cash for Rs. 800.00


Cashier
KHUSHI KUMARI



8

FOR ICICI LOAN CARD
USE ONLY



RUBAN MEMORIAL HOSPITAL

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H-2017-1176

GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 12/07/2024 10:34AM
Bill No : RHOC566494
Receipt No : RHORC52695

Ordered By : Dr. VIJAY SHANKAR
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Patient Address : A-30MITRA MANDAL COLONY PHULWARI ,, PATNA,
BIHAR, 0

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	RADIOLOGY USG-WHOLE ABDOMEN FEMALE ()	1	1600	0.00	1600	1,600.00

Bill Amount : 1600.00
Paid by Patient : 1600.00

Sum of Rs. 1,600.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)

DC for Rs. 1600.00(DC No. :XXXXXXXXXX8640, Card Type : MASTERCARD)

Cashier
Sonu Kumar



FOR ILICI LOMBARD
USE ONLY



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H-2017-1176

GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 10/07/2024 12:40PM
Bill No : RHOC65857
Receipt No : RHORC52203

Referred By : WALK-IN
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Patient Address : A-30MITRA MANDAL COLONY PHULWARI, PATNA,
BIHAR, 0

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	Consultation charges Dr. VIJAY SHANKAR (Initial Visit,15:00)	1	800	0.00	800	800.00

Bill Amount : 800.00
Paid by Patient : 800.00

Sum of Rs. 800.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)

DC for Rs. 800.00(DC No. :XXXXXXXXXX8640, Card Type : MASTERCARD)

Cashier
Naaz Khatoon





FOR ILLICIT LOMBARD
USE ONLY

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H-2017-1176

GSTIN: 10AAFCR2222R1ZG

RATAN PHARMA-19 - New (Tax Invoice)

UHID. : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female
Address : A-30MITRA MANDAL COLONY PHULWARI ,PATNA,BIHAR,0

Bill Date : 10-Jul-2024 1:48 pm
Bill No/Receipt No : RTPHN40575/RTPHN40514
Referred By : VIJAY SHANKAR
Phone No : 8789091992

SrNo	ItemName/MFR /Info	HSN	Qty	Batch No	Expiry	MRP	Price	SGST %	SGST	CGST%	CGST	Amount
1	GEMCAL NASAL SPRAY 3.7 ML. NSPR 1 PSALKEM	300490	1	2312046	Nov-25	2,180.00	1,751.79	6.00	105.11	6.00	105.11	1,962.00

Discount Amount : 218.00

Total 1,962.00
Net Amount 1,962.00
Total SGST 105.11
Total CGST 105.11
Amount : 1,962.00
Patient Due 0.00

Balance

DC for Rs. 1962.000 (DC No. :XXXXXXXXXXXX8640, Card Type : MASTERCARD)

0.00

DL No. : BR-PAT-117094 (FORM 20), BR-PAT-117095

GST No. : 10AAFCR2222R1ZG

Discount Head : Pharmacy discount

ST No/ TIN No :

CST No :

CIN No :

Pharmacist

Billed By : Nikhil Raj

Verified by Pharmacist

Name :

Note :-

1. Drug return will be accepted only within 1 month of purchase.
2. Drugs requiring refrigeration will not be accepted for return
3. Drugs will not be refunded without bill

Thanks for your visit.

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H-2017-1176
GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 10/07/2024 01:35PM
Bill No : RHOC565905
Receipt No : RHORC52245

Ordered By : Dr. VIJAY SHANKAR
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Patient Address : A-30MITRA MANDAL COLONY PHULWARI ,, PATNA,
BIHAR, 0

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	RADIOLOGY X-RAY CHEST PA VIEW	1	350	0.00	350	350.00

Bill Amount : 350.00
Paid by Patient : 350.00

Sum of Rs. 350.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)

DC for Rs. 350.00(DC No. :XXXXXXXXXX8640, Card Type : MASTERCARD)

Cashier
Naaz Khatoon



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URN: UDYAM-BR-26-00080*2



H-2017-1176

GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP,241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 17/06/2024 12:17PM
Bill No : RHOC556569
Receipt No : RHORC44948

Referred By : WALK-IN
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Patient Address : A-30MITRA MANDAL COLONY PHULWARI, PATNA,
BIHAR, 0

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	Consultation charges Dr. VIJAY SHANKAR (Initial Visit,12:25)	1	800	0.00	800	800.00

Bill Amount : 800.00
Paid by Patient : 800.00

Sum of Rs. 800.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)

DC for Rs. 800.00(DC No. :XXXXXXXXXXXX8640, Card Type : MASTERCARD)


Cashier
Naaz Khatoon



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URN: UDYAM-BR-26-0008072



H-2017-1176

GSTIN: 10AAFCR2222R1ZG

RATAN PHARMA-19 - New (Tax Invoice)

UHID. : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female
Address : A-30MITRA MANDAL COLONY PHULWARI, PATNA, BIHAR, 0

Bill Date : 18-Jun-2024 2:06 pm
Bill No/Receipt No : RTPHN35823/RTPHN35763
Referred By : VIJAY SHANKAR
Phone No : 8789091992

SrNo	ItemName/MFR /info	HSN	Qty	Batch No	Expiry	MRP	Price	SGST %	SGST	CGST%	CGST	Amount
1	DIATOR 10MG TAB 15 PACHIA	3004907 9	15	SN31688	Aug-26	6.23	83.39	6.00	5.01	6.00	5.01	93.41
2	GEMCAL NASAL SPRAY 3.7 ML, NSPR 1 PSAKEM	300490	1	2312046	Nov-25	2,180.00	1,751.79	6.00	105.11	6.00	105.11	1,962.00
Discount Amount		:	218.00									

Total : 2,055.41
Net Amount : 2,055.41
Total SGST : 110.12
Total CGST : 110.12
Amount : 2,055.41
Patient Due : 0.000

Balance

LC for Rs. 2055.390 (DC No. :XXXXXXXXXXXX8640, Card Type : MASTERCARD)

0.02

DL. No. : BR-PAT-117094 (FORM 20), BR-PAT-117095

GST No. : 10AAFCR2222R1ZG

Discount Head : Pharmacy discount

ST No/ TIN No :

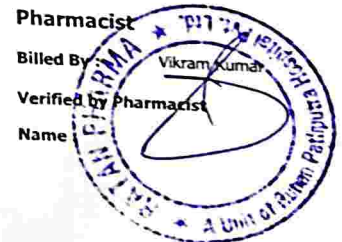
CST No :

CIN No :

Note :-

1. Drug return will be accepted only within 1 month of purchase.
2. Drugs requiring refrigeration will not be accepted for return
3. Drugs will not be refunded without bill

I thanks for your visit.



Run Date : 18-Jun-2024 2:06 pm

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H-2017-1176

GSTIN: 10AAFCR2222R1ZG

Tax Invoice

UHID : RMHP.241504
Patient Name : Mrs. ANITA KUMARI
Age/Sex : 52 Year(s) / Female

Bill Date : 17/06/2024 02:03PM
Bill No : RHOC556695
Receipt No : RHORC45052

Patient Address : A-30MITRA MANDAL COLONY PHULWARI ,, PATNA,
BIHAR, 0

Ordered By : Dr. VIJAY SHANKAR
GSTNo : 10AAFCR2222R1ZG
Mobile No : 8789091992

Sl.No	Services	Qty	Price (Rs.)	Dis Amt(Rs.)	Amt(Rs.)	Net Amt(Rs.)
1	LABORATORY CALCIUM	1	140	0.00	140	140.00
2	CREATININE FOR SERUM	1	120	0.00	120	120.00
3	URINE FOR ROUTINE EXAMINATION	1	150	0.00	150	150.00
4	PTH	1	1650	0.00	1650	1,650.00
5	VITAMIN D TOTAL	1	1800	0.00	1800	1,800.00
6	SPOT URINARY ALBUMIN CRETININE RATIO (UACR)	1	610	0.00	610	610.00

Bill Amount : 4470.00
Paid by Patient : 4470.00

Sum of Rs. 4,470.00 received with thanks from Mrs. ANITA KUMARI

Payment Mode(s)
DC for Rs. 4470.00(DC No. :XXXXXXXXXX8640, Card Type : MASTERCARD)

Cashier
Preety Kumari



SEN DIAGNOSTICS PRIVATE LTD

Buddha Marg.Patna

(612) 222-5152/6868

ASK@SENLABS.IN

Service: 7:30am-6pm(Mon-Sat)

8am-11:30am(Sun)

Date : 16/06/24, 12:05 PM

Bill To : ANISABAD

Name : ANITA KUMARI
(ID:60844)

Centre ID : 1571

DOB / Sex : - / 53 years (F)

Referral : DR. SANTOSH KUMAR
MD

Reporting :

Bill ID : 77721

Mode : CREDIT

ITEM	AMOUNT
CBC Diff Remark	350.00
KFT	900.00
Calcium	300.00
Glucose Fasting (FBS)	60.00
URINE R/E	80.00
Total :	1690.00

Comments : Settled from
invoice 300624226

S K

Cashier's Initials

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For ICICI Loan CARD
USE ONLY

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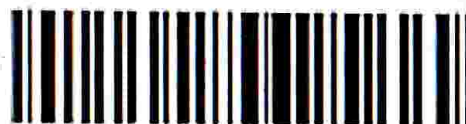
* This Electronically
Generated Document with
Internal Audit Trail is
Digitally Authenticated By
the Cashier

=====

* Technical causes can delay
analysis OR Require
re-sampling for validation.

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24x7 SCAN & PRINT REPORT AT
LAB



013116824

Invoice with BARCODE is
Necessary for 24x7 Scan &
Print Report from Lab

- - - - c u t - - - -

16/06/2024, 12:05PM #77721

ANITA KUMARI (ID: 60844)

Name of Phlebotomist :

For ICICI LOAN CARD
USE ONLY