

VISIT HISTORY

Patient Name	: ARYANSHI DAS	Date	: 08-Mar-2025
Gender/Age	: 1 Year, 3 Months/Female	Consultant	: Dr. SAMPAT KUMAR SHETTIGAR
UHID	: KHB807498	Department	: PAEDIATRICS

Clinical Assessment

Date : 08-Mar-2025

CLINICAL ASSESSMENT - PAED
CHIEF COMPLAINTS : came for vaccination

DETAILED CLINICAL ASSESSMENT : JEEV 2nd dose

GROWTH AND DEVELOPMENTAL HISTORY : normal for age

IMMUNIZATION HISTORY : up to date

Normal

TREATMENT PLAN : Calpol drops (1ml/100mg) 1.4ml SOS

next vaccination 1 month later

*** REVIEW DATE :** 08-Apr-2025

Vitals

Date : 08-Mar-2025 00:00

Name	Value
Temperature Location	forehead
Temperature (°F)	97.5
Weight in (Kg)	8.9
Height / Length in (Cm)	77
BMI (Kg/m ²)	15.18
Head Circ-(cm)	44



Dr. SAMPAT KUMAR SHETTIGAR

PAEDIATRICS

MBBS, MD (Paediatrics) FNNF Fellowship in Neonatology RCPCH (UK)

Kinder Women's Hospital and Fertility Centre

(A Unit of Kindorama Healthcare Pvt Ltd)

CIN : U85110KL2014FTC037144, GST : 29AAFCK5957Q2ZH
 No. 40F, Doddanekundi Industrial Area Graphite India Main Road, Hoodi Village, K.R. Puram Hobli, Bengaluru - 560048
 Contact Number : +91 80 2888 8880 Email : reception.blr@kinderhospitals.com www.kinderhospitals.com

REGISTRATION / CONSULTATION BILL

UHID	: KHB807498	VISIT DATE	: 08-03-2025
PATIENT NAME	: Baby ARYANSHI DAS	BILL NUMBER	: REG/2425/16508
AGE	: 1 Y 3 M 2 D	BILL DATE	: 08-03-2025 13:02:52
SPONSOR	: KINDER BANGALORE	SCHEME	: KINDER BLR

SL No	PARTICULARS	SPECIALITY	AMOUNT
1	SUBVISIT CHARGE SAMPAT KUMAR SHETTIGAR (Room No : 12 Screening Room :) (Token No : W4)	PAEDIATRICS	700.00
		NET AMOUNT	: 700.00
		PAID AMOUNT	: 700.00
		AMOUNT TO PAY	: 0.00

UPI

SEVEN HUNDRED RUPEES ONLY

CREATED DATE : 08-Mar-2025 CREATED BY : 122 CREATED AT : FRONT OFFICE

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Pharmacy Bill

DL NO : KA-B61-220611

PATIENT NAME	: BABY ARYANSHI DAS	BILL NO.	: PHOP/2425/13443
UHID	: KHB807498	BILL DATE	: 08-03-2025 12:31:24
GENDER / AGE	: FEMALE / 1Y-3M-2D	DOCTOR	: DR. SAMPAT KUMAR SHETTIGAR
SPONSOR	: KINDER BANGALORE	PAYMENT TYPE	: Cash/Card
SCHEME	: KINDER BLR		
LOCATION	: OPD PHARMACY		

#	MFG CODE	BATCH NO	PARTICULARS	HSN CODE	QTY	EXPDT	GST	RATE	AMOUNT	No.OF DAYS	DOSAGE	INSTRN
1		300500324A	JEEV 3MCG 0.5 ML VIAL	30022017	1.00	30-06-27	5.00	518.63	544.56	0 x - Day(s)		
2		42432M	NEEDLE 23G	90189099	1.00	30-09-29	12.00	2.14	2.40	0 x - Day(s)		
3		1110M	HANSAPLAST ROUND	30051090	1.00	30-11-26	12.00	1.79	2.00	0 x - Day(s)		
4		439252JJ2	SYRINGE DISPOVAN 2.5 ML	90189000	1.00	30-08-29	12.00	7.50	8.40	0 x - Day(s)		
5		G241020630	ALCOHOL SWABS	90189011	1.00	30-08-29	12.00	2.46	2.76	0 x - Day(s)		

CGST :	13.80	SGST :	13.80	NET AMOUNT	: 560.12
				AMOUNT TO PAY	: 560.00
				PAID AMOUNT	: 560.00

Cash

FIVE HUNDRED SIXTY RUPEES ONLY

Medicine return /Refund will subject to the below mentioned terms and conditions:

1. Customer need to produce the original bill.
2. Medicines requiring refrigeration will not be refunded.
3. Refund is permitted only within 15 days of bill date (provided with a valid expiry date).
4. Damaged medicines and cut strips/opened bottles will not be refunded.