

OPD PRESCRIPTION



UTKAL
INSTITUTE OF MEDICAL SCIENCES &
HOSPITAL

H-2022-0991

UHID : 2024007842
NAME : MS. ARYANSHI DAS
MOBILE NO. : 9739251212
ADDRESS : SS VIHAR

DATE : 27/04/2024
AGE/SEX : 4 M/FEMALE
REFERRED BY :
PATIENT NO. : 7

DOCTOR : DR. KANHU PANDA
MD(PEDIATRICS) (REG.NO-18767/13)

DEPT : PAEDIATRIC

VITALS: HEIGHT: CM, WEIGHT: KG, BP: MMHG, PR: B/M, SPO2: %, TEMP: °F

for vaccine

(R)

② INFANRIX HEXA ——— ①

① PREVENAR 13 ——— ①

③ ROTAVAL SD ——— ①

ATOGA Bay 10m

✓ ——— ✓ ——— ✓

Doctor's Name & Signature:

(Signature Of The Patient/Attendant)

UTKAL HEALTHCARE PRIVATE LIMITED

Plot No.- C/3, Niladri Vihar, CS pur, Bhubaneswar-21, Mob.: 6370704001 / 02, www.utkalhospital.com

UTKAL HEALTHCARE PRIVATE LIMITED

OP PHARMACY (24Hrs.)

C/3, NILADRI VIHAR, CHANDRASEKHARPUR, BHUBANESWAR-751021

CONTACT : 0674-2651200/201, MOB : +91 6370704001/4002



GSTIN Number: 21AAACU9473G1ZB

Tax Invoice

DL-No.: KH-J2531/R, KH-J2532/R & KH-13278/RX

BILL NO. : CS2024007251
PATIENT NAME : Ms. ARYANSHI DAS
ADDRESS : ss vihar bhubaneswar , odisha , india

SALES DATE : 27/04/2024
PATIENT UHID : 2024007842
REQUESTED DOCTOR : Dr. KANHU PANDA

Sr. No.	Particulars	HSN Code	MFGR	Batch	Expiry	Issue Qty	Item MRP	Rate	Amount	Discount	CGST%		SGST%		IGST%		Amt
											PER	AMT	PER	AMT	PER	AMT	
1	Infanrix Hexa Inj INJ	3004	Glaxo SmithKline Pharmaceuticals Ltd	A21CE313A	Aug-25	1	3399.00	3237.14	3399.00	339.90	2.50%	72.84	2.50%	72.84	0.00%	0.00	3059.10
2	Prevenar INJ	3002	Pfizer Ltd	GY5870	Oct-25	1	3991.05	3801.00	3991.05	399.11	2.50%	85.52	2.50%	85.52	0.00%	0.00	3591.95
3	Rotavac 5d Pfs Inj INJ	3002	Bharat Serums & Vaccines Ltd	61G23003A	Jan-25	1	897.25	854.52	897.25	89.73	2.50%	19.23	2.50%	19.23	0.00%	0.00	807.53
	Total																
	Grand Total																

MODE : CREDIT CARD
RECEIPT AMOUNT : SEVEN THOUSAND FOUR HUNDRED FIFTY NINE ONLY
USER ID : Uh0604

Run Date: 27/Apr/2024 12:23

Note

- 1) Damage, Cutting & Cold Chain Items not to be taken back. Return/exchange of items will be accepted within 15 days from the date of sale along with Original Bill copy.
- 2) Excluding exempted Healthcare services all other services of Goods & Services are inclusive of CGST & SGST.
- 3) No CASH will be refunded against any returned items.

Signature of Pharmacist



UTKAL HEALTHCARE PRIVATE LIMITED
C/3, NILADRI VIHAR, CHANDRASEKHARPUR, BHUBANESWAR-751021
CONTACT : 0674-2651200/201, MOB : +91 6370704001/4002
GSTIN No.:21AAACU9473G1ZB



OPD BILL CUM CASH RECEIPT

Bill No./Receipt No. : OBL2024016419 / RC2024016170
Name : Ms. ARYANSHI DAS
Age/Sex : 4 M/Female
Address : SS VIHAR
Requesting Doctor :

Date : 27/04/2024 12:17
UHID : 2024007842
Tariff : CASH
Phone No. : 9739251212

Particulars	Quantity	Amount
CONSULTATION Dr. KANHU PANDA (PAEDIATRIC) First Visit	Patient No 7 1	₹ 500.00
	Bill Amount:	₹ 500.00
	Net Bill Amount:	₹ 500.00

Received With Thanks From Ms. ARYANSHI DAS an Amount of Five Hundred Only.

Mode Of Payment	Transaction id/APPR Code	Bank Name	Amount
Card Payment	4088	City Union Bank Ltd.	₹ 500.00

Printed By Sandhyarani Nandi
Signature Patient/Attendant
Signature Prepared By Sandhyarani Nandi

NOTE: Please check the reporting schedule after giving samples and accordingly, collect the reports at the Report dispatch counter from 09:30 AM to 06:00 PM.