

### VISIT HISTORY

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

### Clinical Assessment

Date : 08-Mar-2025

#### CLINICAL ASSESSMENT - PAED

<b>CHIEF COMPLAINTS</b> : came for vaccination
<b>DETAILED CLINICAL ASSESSMENT</b> : JEEV 2nd dose
<b>GROWTH AND DEVELOPMENTAL HISTORY</b> : normal for age
<b>IMMUNIZATION HISTORY</b> : up to date
Normal
<b>TREATMENT PLAN</b> : Calpol drops (1ml/100mg) 1.4ml SOS next vaccination 1 month later
<b>* REVIEW DATE</b> : 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 <sup>2</sup> )	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  
PATIENT NAME : Baby ARYANSHI DAS  
AGE : 1 Y 3 M 2 D  
SPONSOR : KINDER BANGALORE

VISIT DATE : 08-03-2025  
BILL NUMBER : REG/2425/16508  
BILL DATE : 08-03-2025 13:02:52  
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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DL NO : KA-B61-220611

## Pharmacy Bill

PATIENT NAME : BABY ARYANSHI DAS  
UHID : KHB807498  
GENDER / AGE : FEMALE / 1Y-3M-2D  
SPONSOR : KINDER BANGALORE  
SCHEME : KINDER BLR  
LOCATION : OPD PHARMACY

BILL NO. : PHOP/2425/13443  
BILL DATE : 08-03-2025 12:31:24  
DOCTOR : DR. SAMPAT KUMAR SHETTIGAR  
PAYMENT TYPE : Cash/Card

#	MFG CODE	BATCH NO	PARTICULARS	HSN CODE	QTY	EXPDT	GST	RATE	AMOUNT	No.OF DAYS	DOSAGE	INSTRN
1		300300324A	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		439252J2	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.

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