

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 : KHB803572
PATIENT NAME : Baby ANSHIKA DAS
AGE : 2 Y 8 M 27 D
SPONSOR : KINDER BANGALORE

VISIT DATE : 21-12-2023
BILL NUMBER : REG2324-13563
BILL DATE : 21-12-2023 16:02:55
SCHEME : KINDER BLR

SL No PARTICULARS

1 SUBVISIT CHARGE LEENATHA (Room No : 4
Screening Room :) (Token No : A23)

SPECIALITY

PAEDIATRICS

AMOUNT

700.00

NET AMOUNT : 700.00

PAID AMOUNT : 700.00

AMOUNT TO PAY : 0.00

SEVEN HUNDRED RUPEES ONLY

CREATED DATE : 21-Dec-2023 CREATED BY : 171

CREATED AT : FRONT OFFICE

UPI

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

Pharmacy Bill

DL NO : KA-B61-220611

PATIENT NAME : BABY ANSHIKA DAS
UHID : KHB803572
GENDER / AGE : FEMALE / 2Y-8M-27D
SPONSOR : KINDER BANGALORE
SCHEME : KINDER BLR
LOCATION : OPD PHARAMCY

BILL NO. : PHOP/2324/10480
BILL DATE : 21-12-2023 16:45:11
DOCTOR : DR. LEENATHA REDDY
PAYMENT TYPE : Cash/Card

#	MFG CODE	BATCH NO	PARTICULARS	HSN CODE	QTY	EXPDT	GST	RATE	AMOUNT	No.OF DAYS	DOSAGE	INSTRN
1		40552P	NEEDLE 26*1/2	90183290	1.00	30-09-28	12.00	2.14	2.40			
2		310503110M	HANSAPLAST ROUND	30051090	1.00	30-12-26	12.00	1.79	2.00			
3		G230420758	ALCOHOL SWABS	90189011	1.00	30-03-28	12.00	2.46	2.76			
4		1483M049	RABIVAX - S VACCINE 1 ML	30049099	1.00	30-05-26	5.00	378.68	397.61			

CGST : 9.85 SGST : 9.85

NET AMOUNT : 404.77

AMOUNT TO PAY : 405.00

PAID AMOUNT : 405.00

UPI

FOUR HUNDRED FIVE 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.

Prepared By 184

at OPD PHARAMCY

Printed By CHIDAMBARAM



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, Bangaluru-560048
Contact Number: +91 8618999842 Email: purchase.blr@kinderhospitals.com www.kinderhospitals.com

Patient Name	: ANSHIKA DAS	Date	: 21-Dec-2023
Gender / Age	: Female / 2 Years	Consultant	: Dr. LEENATHA REDDY
UHID	: KHB803572	Department	:

Chief Complaints : 2 year 8 month, female baby
c/o accidental scratch by street cat today while playing in the afternoon
child is active & playful
No other complaints

Birth History : 25-03-2021

Growth And Developmental History : wt 12kg, Lt 94 cms

Immunization History : Is up to date

General & Systemic Examination : no pallor

Treatment Plan : Inj. Rabivax vaccine

0-(21-12-2023)

3-(24-12-2023)

7-(28-12-2023)

14-(4-01-2024)

30-(20-01-2024)

Follow Up Advice : Megaheal cream - Apply twice a day for 3 to 5 days

Encourage plenty of liquids & fluids

Danger signs explained

Review sos

*** Review Date :** 24-Dec-2023



Reg No. : ANP 2013 0000428 KTK