

### VISIT HISTORY

Patient Name : ARYANSHI DAS Date : 07-Jun-2025  
Gender/Age : 1 Year, 6 Months/Female Consultant : Dr. SAMPAT KUMAR SHETTIGAR  
UHID : KHB807498 Department : PAEDIATRICS

### Clinical Assessment

Date : 07-Jun-2025

#### CLINICAL ASSESSMENT - PAED

CHIEF COMPLAINTS : came for vaccination - 15 months
DETAILED CLINICAL ASSESSMENT : Pentaxim Varicella
GROWTH AND DEVELOPMENTAL HISTORY : normal for age
IMMUNIZATION HISTORY : up to date
Normal
TREATMENT PLAN : Calpol drops (1ml/100mg) 1.5ml SOS - can be given 6 hourly next vaccination after 3 months gap - Varicella 2
* REVIEW DATE : 08-Sep-2025

### Vitals

Date : 07-Jun-2025 00:00

Name	Value
Temperature Location	forehead
Temperature (°F)	97.5
Weight in (Kg)	9.6
Height / Length in (Cm)	79
BMI (Kg/m <sup>2</sup> )	16.02



Dr. SAMPAT KUMAR SHETTIGAR  
PAEDIATRICS

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

Reg No. : 89574

**Pharmacy Bill**

DL NO : KA-B61-220611

PATIENT NAME : BABY ARYANSHI DAS  
UHID : KHB807498  
GENDER / AGE : FEMALE / 1Y-6M-1D

SPONSOR : KINDER BANGALORE  
SCHEME : KINDER BLR  
LOCATION : OPD PHARMACY

BILL NO. : PHOP/2526/02702  
BILL DATE : 07-06-2025 14:49:02  
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		506503110M	HANSAPLAST ROUND	30051090	2.00	01-11-26	12.00	1.79	4.00	0 x - Day(s)		
2		Y0C061M	PENTAXIM	30022029	1.00	31-07-26	5.00	3190.48	3350.00	0 x - Day(s)		
3		06532R	NEEDLE 26 X 1/2	90183290	2.00	01-01-30	12.00	2.32	5.20	0 x - Day(s)		
4		Y012563	VARIPED 1 DOSE PFS	30022019	1.00	30-06-26	5.00	2380.95	2500.00	0 x - Day(s)		
5		G25B020858	ALCOHOL SWABS	90189011	2.00	31-01-30	12.00	2.46	5.52	0 x - Day(s)		

CGST : 140.08 SGST : 140.08

NET AMOUNT : 5864.72  
AMOUNT TO PAY : 5865.00  
PAID AMOUNT : 5,865.00  
Card

FIVE THOUSAND EIGHT HUNDRED SIXTY-FIVE RUPEES ONLY

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

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

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**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	: 07-06-2025
PATIENT NAME	: Baby ARYANSHI DAS	BILL NUMBER	: REG/2526/03694
AGE	: 1 Y 6 M 1 D	BILL DATE	: 07-06-2025 13:37:36
SPONSOR	: KINDER BANGALORE	SCHEME	: KINDER BLR

SL No	PARTICULARS	SPECIALITY	AMOUNT
1	SUBVISIT CHARGE SAMPAT KUMAR SHETTIGAR (Room No : 12 Screening Room : ) (Token No : W11)	PAEDIATRICS	900.00
		NET AMOUNT	: 900.00
		PAID AMOUNT	: 900.00
		AMOUNT TO PAY	: 0.00

UPI

NINE HUNDRED RUPEES ONLY

CREATED DATE : 07-Jun-2025 CREATED BY : 122

CREATED AT : FRONT OFFICE