



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 : 04-10-2025
PATIENT NAME : Baby ARYANSHI DAS BILL NUMBER : REG/2526/09900
AGE : 1 Y 9 M 29 D BILL DATE : 04-10-2025 11:18:14
SPONSOR : KINDER BANGALORE SCHEME : KINDER BLR

SL No	PARTICULARS	SPECIALITY	AMOUNT
1	SUBVISIT CHARGE SAMPAT KUMAR SHETTIGAR (Room No : 12 Screening Room :) (Token No : W3)	PAEDIATRICS	900.00
NET AMOUNT			: 900.00
PAID AMOUNT			: 900.00
AMOUNT TO PAY			: 0.00

Card

NINE HUNDRED RUPEES ONLY

CREATED DATE : 04-Oct-2025 CREATED BY : 293

CREATED AT : FRONT OFFICE



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Pharmacy Bill

DL NO : KA-B61-220611

PATIENT NAME : BABY ARYANSHI DAS BILL NO. : PHOP/2526/07230
UHID : KHB807498 BILL DATE : 04-10-2025 11:03:09
GENDER / AGE : FEMALE / 1Y-9M-29D 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		526620110M	HANSAPLAST ROUND	30051090	2.00	30-03-28	5.00	1.79	3.76	0 x - Day(s)		
2		24562R	NEEDLE 26 X 1/2	90183290	2.00	30-05-30	5.00	2.32	4.88	0 x - Day(s)		
3		Y017812	VARIPED 1 DOSE PFS	30022019	1.00	30-09-26	5.00	2380.95	2500.00	0 x - Day(s)		
4		222400324A	HAPIBEV INJECTION	30022012	1.00	30-03-27	5.00	2177.14	2286.00	0 x - Day(s)		
5		G25C020637	ALCOHOL SWABS	90189011	2.00	01-02-30	5.00	2.46	5.16	0 x - Day(s)		

CGST : 114.29 SGST : 114.29

NET AMOUNT : 4799.80

AMOUNT TO PAY : 4800.00

PAID AMOUNT : 4,800.00

Card

FOUR THOUSAND EIGHT HUNDRED 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.

VISIT HISTORY

Patient Name : ARYANSHI DAS Date : 04-Oct-2025
Gender/Age : 1 Year, 9 Months/Female Consultant : Dr. SAMPAT KUMAR SHETTIGAR
UHID : KHB807498 Department : PAEDIATRICS

Clinical Assessment

Date : 04-Oct-2025

CLINICAL ASSESSMENT - PAED

CHIEF COMPLAINTS & HISTORY : came for vaccination

DETAILED CLINICAL ASSESSMENT : HApibev
Fluarix Tetra

GROWTH AND DEVELOPMENTAL HISTORY : .

IMMUNIZATION HISTORY : .

Normal

TREATMENT PLAN : Calpol drops (1ml/100mg) 1.5ml SOs - if fever / if pain
next vaccination after 1 month - annual flu booster

* **REVIEW DATE** : 04-Nov-2025

INVESTIGATIONS ADVISED : No

PHARMACY ADVICES : Yes

Vitals

Date : 04-Oct-2025 00:00

Name	Value
Temperature Location	forehead
Temperature (°F)	97.5
Weight in (Kg)	10.2
Height / Length in (Cm)	82

KWHB/OPS/175/2024



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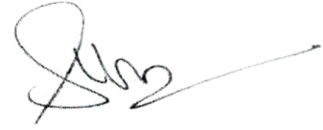
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BMI (Kg/m²)

14.87

Head Circ-(cm)

46



Dr. SAMPAT KUMAR SHETTIGAR

PAEDIATRICS

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

Reg No. : 89574