OPD PRESCRIPTION





H-2022-0991

UHID NAME MOBILE NO.

ADDRESS

2024007842 MS. ARYANSHI DAS

9739251212 : SS VIHAR

DR. KANHU PANDA

MD(PEDIATRICS) (REG.NO-18767/13)

DATE AGE/SEX

: 27/04/2024 4 M/FEMALE

REFERRED BY PATIENT NO.

7

DOCTOR

DEPT

: PAEDIATRIC

VITALS: HEIGHT:

CM. WEIGHT:

KG, BP:

MMHG,

PR:

B/ SPO2: M,

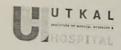
TEMP:

°F

INFANRIX HEXA

Doctor's Name & Signature:

(Signature Of The Patient/Attendant)



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/RC & KH-J3278/RX

BILL NO. PATIENT NAME

CS2024007251

SALES DATE PATIENT UHID

27/04/2024 2024007842

ADDRESS

Ms ARYANSHI DAS ss vihar bhubaneswar, odisha, india

REQUESTED DOCTOR

Sr. 140,	Particulars	IISN Code	MFGR	Batch	Expiry	Issue Qty	-15.111	Rate	Amount								
	Infanrix Hexa Inj INJ									Discount	CGS		SGST%		IGST%		Am
	manrix Hexa Inj INJ	3004	Glaxo SmithKline	A21CE2124			KI			- iscouni	PER	AMT	PER	AMT	PER	AMT	A
	Prevenar INJ	3002	Pharmaceuticals Ltd Pfizer Ltd	A21CE313A	Aug-25	1	3399,00	3237.14	3399.00								
	Rotavac 5d Pfs Inj INJ		Plizer Ltd	GY5870	Oct-25	1	3991.05	3801.00	2001	339.90	2.50/6	12,04	2.50%	72.84	0.00%	0.00	3059
	Total ac 3d Fis inj INJ	3002	Bharat Serums & Vaccines Ltd	61G23002 A	1 01		0331.03	3801,00	3991.05	399.11	2.50%	85.52	2.50%	85.52	0.00%	0.00	3501
	Total		Liu	01023003A	Jan-25	- 1	897.25	854.52	897.25	89.73	2 500/	10.22	2 5004			0.00	2371
	Grand Total		the second second second				7 8287 20	₹ 7892,67		89.73	2,5076	19.23	2,50%	19.23	0.00%	0.00	807.
ODE :	CREDIT CARD						C 0207,30	₹ /892,67	₹ 8287.30	₹ 828,73	7	177,59	7	177.59		₹ 0.00	₹ 7458
ECEIP			RED FIFTY NINE ONLY			1000			-				- Amount				₹ 7459.

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.



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 'Age/Sex

: 4 M/Female

: Ms. ARYANSHI DAS

Address

: SS VIHAR

Requesting Doctor

Date UHID

:27/04/2024 12:17 : 2024007842

Tariff

: CASH

Phone No. : 9739251212

Particulars Quantity

CONSULTATION

Dr. KANHU PANDA (PAEDIATRIC)

First Visit

Patient No 7

Bill Amount:

₹ 500.00 ₹ 500.00

Amount

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 Card Payment 4088

City Union Bank Ltd.

Bank Name

Amount ₹ 500,00

Signature

Printed By

Sandhyarani Nandi

Patient/Attendant

Signature

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.