



KANCHI KAMAKOTTI CHILD'S TRUST HOSPITAL

12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91-44-42001800

GSTIN: 33AAAT2552P1ZA E-mail :kkcth@kkcth.org

Website:www.kkcth.org



Token No.

CVK3555

Cash Bill OP

Presc. Doctor : Dr. VASANTHI T

Bill No

OPCA25/10966

Bill Date : 29/04/2024 11:04

Referred By : Self

MR No

874687

Gender/Age : Male/13 Yrs

Lab No : 24872826

Patient Name

Master Prajeet Kumar M

Contact No : 8939379660

Address : NO 15, NEHRU ST, THALLAVARAM, KATTANKULATHUR POST CHENGALPATTU, CHENNAI, Tamil Nadu, INDIA - 603203

Ref. Name :

Payer

SELF PAY

E-Mail ID

muthu10@gmail.com

SL #	Service Code	Service Particulars	Room	Rate	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1	55503	Ultrasound Others (Dr. KARIMOZHI USG CV)	USG	1750.00	1	1750.00	0.00	1750.00	1750.00	0.00
						1750.00	0.00	1750.00	1750.00	0.00
										1750.00

Amount Received

By Cash: 1750.00
Received from Master Prajeet Kumar M , an amount of (INR) One Thousand Seven Hundred Fifty Only

(ANUSUYA V)

Printed by: 20102

Prepared by: 020102

Printed at: 29/04/2024 11:03

(1/1)



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

No.12-A, Nageswara Road, Nungambakkam
Chennai - 600 034.
Phone : 42001800

KKCTH PRE 0091



Prajeet Kumar

13 yrs / m

874687

29/4/21

wt - 46 kg

Ht - 154 cm

- cl. swelling in forehead
the ~~left~~ eye

→ swelling 1 in size

← No h/o trauma

- no pain.

- no fever.

- h/o swelling in any other part of body

DE Alert

PPNF

vitals stable

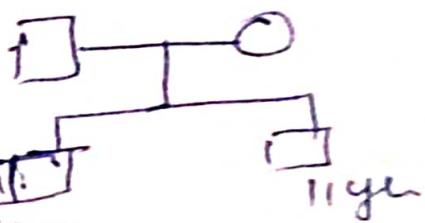
HE

swelling of size

3x3 cm

- soft in consistency.

- freely movable



Affected - uneventful.

FSC (failed induction
term.) 3.5 kg

CAB (no acute admission)

- Phototherapy for 2 days

- Development - n

- Immunised - NIS
last @ 10 yrs age

No previous admissions

YOUR CHILD TRUSTS YOU * YOU TRUST CHILDS TRUST

family Hs
Lipoma &

Plan: ? Lipoma

- Pediatric surgery opinion



KANCHI KAMAKOTI CHILDS TRUST

12- Nageswara Road, Nungambakkam
Chennai - 600 034. Phone : 4200180

IP No : 24/3269 MRNo : 874687

Master Prajeet Kumar M

13 Yrs/Male Bed No:

Dr. PRIYA RAMACHANDRAN ; DOA: 01/05/2021

CASH PATIENT

CARD

O.T. MEDICINE REPLACEMENT

DISP CAP & MASK _____ DISP SYRINGE 50ML _____, 20ML _____, 10ML 3, 5ML 3, 2ML 3,

DISP NEEDLES : 18G 1, 20G 4, 21G _____, 22G _____, 23G 4, 24G _____, 26G _____,

DISPOSABLE GLOVE ALL SIZES (SURGICARE)

IV FLUIDS; ISO-P _____, RL 1, RL/C DEX _____, NS _____, GNS _____,

MANNITOL _____, HEMACCEL _____, HESTAR _____,

IV SET 1, BLOOD SET _____, M.V. SET _____,

VENFLON : 24G _____, 22G _____, 20G 1, 18G _____, 16G _____, 14G _____, O₂ MASK ADULT 1

DISF : PRESSURE MONITORING 200 CM _____ 100 CM 2

FOLEY'S CATHETER 6 _____ 8 _____ 10 _____ 12 _____ 14 _____ 16 _____ 18 _____ cu propofol 1

ICD BAG _____, URO BAG _____, CORRUGATED DRAIN _____ VARIO DRAIN 1 cu aduent 1.2 gm

3-WAY EXTENTION 10 CM _____ 25 CM _____, 50 CM _____, 100 CM _____ cu emesis 2

3 WAY CONNECTORS _____,

SUCTION TUBE 8 _____ 10 _____ 12 _____ 14 _____ 16 1

RYLES TUBE 8 _____ 10 _____ 12 _____ 14 _____ 16 _____

FEEDING TUBE 5 _____ 6 _____ 8 _____ 10 _____ cu soft 1

WOUND DRESSING :

MICROPORE _____ TRANSPORTE _____, MEPORE 6 X 7 CM _____

MEPORE 10 X 15 CM _____

MEPORE 9 X 10 CM _____

SOFRA TULLE _____ DERMAFLIM SMALL _____ BIG _____

BETADINE SOLUTION _____, BETADINE OINTMENT _____

HYDROGEN PEROXIDE _____, SOFRAMYCIN OINTMENT _____

CIPLOX OINTMENT _____, XYLOC AINE 2% JELLY _____

Kanchi Jani's Pwd.

SIGNATURE



12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91 44 42001800
GSTIN: 33AAAAT2552P1ZA E-mail :kkcth@kkcth.org Website:www.kkcth.org



Token No.

TV53388

Cash Bill OP

Bill No	: OPC A25/10802	Bill Date	: 29/04/2024 08:34	Presc. Doctor	: Unit Dr VASANTHIT
MR No	: 874687	Gender/Age	: Male/13 Yrs	Referred By	: Self
Patient Name	: Master Prajeet Kumar M	Contact No	: 8939779660	Lab No	:
Payer	: SELF PAY	Address	: NO 15, NEHRU ST, THALLAVARAM, KATTANKULATHUR POST CHENGALPATTU, Tamil Nadu, INDIA, - 603203		
E-Mail ID	: mutthu10@gmail.com	Ref. Name	:		

SL #	Service Code	Service Particulars	Room	Rate	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1	40002	REGISTRATION		100.00	1	100.00	0.00	100.00	100.00	0.00
2	40306	CONSULTATION - HOSPITAL PHYSICIAN (Unit Dr VASANTHIT)	109	600.00	1	600.00	0.00	600.00	600.00	0.00
				700.00		0.00	700.00	700.00		0.00
Amt Received										700.00

Amt Received

700.00

By Debt Card: 700.00 Allahabad Bank 0449

Received from Master Prajeet Kumar M , an amount of (INR) Seven Hundred Only

(ANUSUYA V)

Printed By: 20102

Prepared By: 020102

Printed at: 29/04/2024 08:33

(1/1)

REPORTS SHOULD BE COLLECTED WITHIN 30 DAYS, AFTER WHICH HOSPITAL IS NOT HELD RESPONSIBLE. Report despatch MON-SAT 8-7, EXCEPT SUN & HOLIDAYS
FOR OUTPATIENT CONSULTATION APPOINTMENTS PLEASE CALL +91 44 42001800/ +91 9677003334.

Abbr
154 cm

Surgical
Opinion

118



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL
12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91-44-42001800
GSTIN: 33AAAAT2552P12A E-mail :kkcth@kkcth.org Website:www.kkcth.org



Token No.		Cash Bill OP		Presc. Doctor	
Bill No	OPCA25/10680	Bill Date	29/04/2024 10:05	Gender/Age	Male/13 Yrs
MR No	874687	Contact No	8939379660	Lab No	Referred By
Patient Name	Master Prajeet Kumar M	Address	NO 15, NEHRU ST, THAILAVARAM, KATTANKULATHUR POST CHENGALPATTU, CHENGALPATTU, Tamil Nadu, INDIA - 603203	Ref. Name	
Payer	SELF PAY				
E-Mail ID	mathu10@gmail.com				

Sl#	Service Code	Service Particulars	Room	Rate	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1	40318	CONSULTATION - HOSPITAL SURGEON (Dr. PRIYA RAMACHANDRAN)	118	600.00	1	600.00	0.00	600.00	600.00	0.00
				600.00		0.00	600.00	600.00		0.00
		Amt Received				600.00				

By Debit Card 600.00 AXIS BANK 0449

Received from Master Project Kumar M , an amount of (INR) Six Hundred Only

(ANUSUYA Hospital
Kanchi Kamakoti Childs Trust Hospital
12-A Nageswara road, 034 2825 9633.

ANUSUYA Hospital
Kanchi Kamakoti Childs Trust Hospital
12-A Nageswara road, 034 2825 9633.
Chennai, Tamil Nadu, India 600080
Phone: 044 204430.

Printed By: 20101

Prepared By: 020102

Printed At: 29/04/2024 10:05 (1/1)

REBILLS SHOULD BE COLLECTED WITHIN 10 DAYS, AFTER WHICH HOSPITAL IS NOT HELD RESPONSIVE. Report Dispatch Mon Sat & 1, Except Sun & Holidays.

FOR URGENT CONSULTATION APPOINTMENTS PLEASE CALL +91 44 42001800/ +91 9677003334

SRI K.K.C.T.H. PHARMACY
12-A, NAGESWARA ROAD,
NUNGAMBakkAM, CHENNAI - 34.
Ph : 4200 1800 Extn 115. Pharmacy
JATA JAYA SANKARA
HARA HARA SANKARA

D.L. No.:
TIN/2012/200000 00 : TIN/2012/200000 00
TIN/2012/200000 00 : TIN/2012/200000 00
TIN/2012/200000 00 : TIN/2012/200000 00
GSTIN : 33AAWF55666E1ZP
DAY AND NIGHT PHARMACY
ACHARYA BLESSINGS FOR YOUR HEALTH
Original bill to be preserved. No copy or photocopy will be issued.

கூடும் செ. கூ. மிதி. எஸ் பார்டினால்
பதிவு செய்யப்படும் நிலை.
சென்னை (குறி). புதுமலை நகர்.
கோடைகேரி - 600 034.

PRESCRIBED BY

NAME PRIYA RAMACHANDRAN
ADDRESS 874687 874687 PRAJEET KUMAR M

Goods once sold cannot be taken back or exchanged.

BILL NO. K01004930 VK-CARD
DATE 01/05/24-01:30 PM
Plz return medicine with original bill

SL. NO.	PRODUCT	MFR.	BATCH	EXP.	MRP	UNIT	DST AMT.	AMOUNT
1	3 SYRI DIS SYRINGE 10ML	R-B	2311512	10/28	34.00	1	10.93	71.87
2	3 SYRI DIS SYRINGE 5ML	R-B	3342185	11/28	16.50	1	5.30	44.20
3	3 SYRI DIS SYRINGE 2ML	R-B	4065587	12/28	12.00	1	3.84	32.14
4	4 SURG DIS NEEDLE 26G	R-B	3342249	12/28	6.50	1	2.79	23.21
5	4 SURG DIS NEEDLE 26G		072528	01/27	2.00	1	0.86	7.14
6	4 PACK DIS NEEDLE 20G		3274444	09/28	4.50	1	1.93	16.07
7	1 SURG ECDYLIC PLUS BL 500ML	R-BR	824001E	02/27	72.76	1	7.00	84.96
8	1 PACK I.V. SET EMESET	R-BR	3221K89	04/28	400.00	1	43.71	364.29

CASH RECEIVED IN FULL MRP IS INCLUSIVE OF GST. THANK YOU E & O.E.

SRI K.K.C.T.H. PHARMACY
12-A, NAGESWARA ROAD,
NUNGAMBakkAM, CHENNAI - 34.
Ph : 4200 1800 Extn 115. Pharmacy
JATA JAYA SANKARA
HARA HARA SANKARA

D.L. No.:
TIN/2012/200000 00 : TIN/2012/200000 00
TIN/2012/200000 00 : TIN/2012/200000 00
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GSTIN : 33AAWF55666E1ZP
DAY AND NIGHT PHARMACY
ACHARYA BLESSINGS FOR YOUR HEALTH

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பதிவு செய்யப்படும் நிலை.
சென்னை (குறி). புதுமலை நகர்.
கோடைகேரி - 600 034.

PRESCRIBED BY

NAME PRIYA RAMACHANDRAN
ADDRESS 874687 874687 PRAJEET KUMAR M

Goods once sold cannot be taken back or exchanged.

BILL NO. K01004955 VK-CARD
DATE 01/05/24-01:30 PM
Plz return medicine with original bill

SL. NO.	PRODUCT	MFR.	BATCH	EXP.	MRP	UNIT	DST AMT.	AMOUNT
9	1 SURG VENILON 20G	R-B	44008349	12/28	311.50	1	33.38	278.13
10	2 SURG TOP EXTENSION 100CM		JA20S	12/27	238.00	1	51.00	425.00
11	1 SURG SUCTION CATHETER 16		230710579	06/28	81.00	1	8.68	72.32
12	1 PACK UNDERPAD		018	01/26	90.00	1	13.73	76.27
13	1 SURG OXYGEN MASK ADULT		402242056	01/26	250.00	1	26.79	223.21
14	1 AMPS PROPOFOL LIPIROD 1% 20ml	R-BR	23234052	05/25	145.60	1	15.60	130.00
15	1 INJ. ADVENT 1.2GM INJ	CIPL	C2V4566	07/25	157.51	1	16.89	140.63
16	2 INJ. EMESET 2ML INJ	CIPL	A030623	11/26	13.35	1	2.86	23.84

CASH RECEIVED IN FULL MRP IS INCLUSIVE OF GST. THANK YOU E & O.E.

SRI K.K.C.T.H. PHARMACY
12-A, NAGESWARA ROAD,
NUNGAMBakkAM, CHENNAI - 34.
Ph : 4200 1800 Extn 115. Pharmacy
JATA JAYA SANKARA
HARA HARA SANKARA

D.L. No.:
TIN/2012/200000 00 : TIN/2012/200000 00
TIN/2012/200000 00 : TIN/2012/200000 00
TIN/2012/200000 00 : TIN/2012/200000 00
GSTIN : 33AAWF55666E1ZP
DAY AND NIGHT PHARMACY
ACHARYA BLESSINGS FOR YOUR HEALTH

கூடும் செ. கூ. மிதி. எஸ் பார்டினால்
பதிவு செய்யப்படும் நிலை.
சென்னை (குறி). புதுமலை நகர்.
கோடைகேரி - 600 034.

PRESCRIBED BY

NAME PRIYA RAMACHANDRAN
ADDRESS 874687 874687 PRAJEET KUMAR M

Goods once sold cannot be taken back or exchanged.

BILL NO. K01004955 VK-CARD
DATE 01/05/24-01:30 PM
Plz return medicine with original bill

SL. NO.	PRODUCT	MFR.	BATCH	EXP.	MRP	UNIT	DST AMT.	AMOUNT
17	2 INJ. ARTACIL 2.5ml INJ	NEON	1305276	05/25	47.51	1	10.18	84.84
18	1 INJ. NEOMOL I. V. 100ML INJ	NEON	T383L190	12/25	522.00	1	55.93	466.07
19	5 AMPS HYDOSTIBAMIN 1ML INJ	NEON	152B	10/25	5.60	1	3.00	25.00
20	3 INJ. ATROPINE SULPHATE 1ML INJ (TR)		226	01/26	4.79	1	0.68	13.69
21	7 PACK WATER FOR INJ 10ML	NIRL	2223597	12/26	2.89	1	2.17	18.06
22	5 SURG ALCOHOL SWAB		3151285	05/28	3.00	1	1.61	13.39
23	1 INJ. DEXAMETHASONE INJ	CARI	CD051-043	11/25	12.95	1	1.39	11.56
24	1 VIAL SUCCINIC INJ 10ML	NEON	SU24+849	03/25	54.70	1	2.60	52.10

CASH AMT: 81.00 CARD AMT: 3021.00
SGST : 161.82 CGST : 161.82 GST : 323.64 GROSS : 2697.20
Total SPAD Total : 3021.00

CASH RECEIVED IN FULL MRP IS INCLUSIVE OF GST. THANK YOU E & O.E.

Continued...

Continued...



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A, NAGESWARA ROAD, NUNGAMBakkAM, CHENNAI 600 034
Phone: +91 44 42001800 Email: kkch@kkch.org website: www.kkch.org



Patient Name:	Master Prajeet Kumar M	Modality:	US
Patient ID:	874687	Accession No.:	160053
Sex /Age:	M / 13 y 5 m 22 d	Study Date:	29-Apr-2024 11:34:20
Ref. Phys:	PRIYA RAMACHANDRAN	Report Date:	29-Apr-2024 13:38:15
Patient ward:			

Ultrasound Others

Indication : Swelling in left forehead.

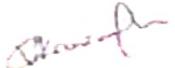
Report.

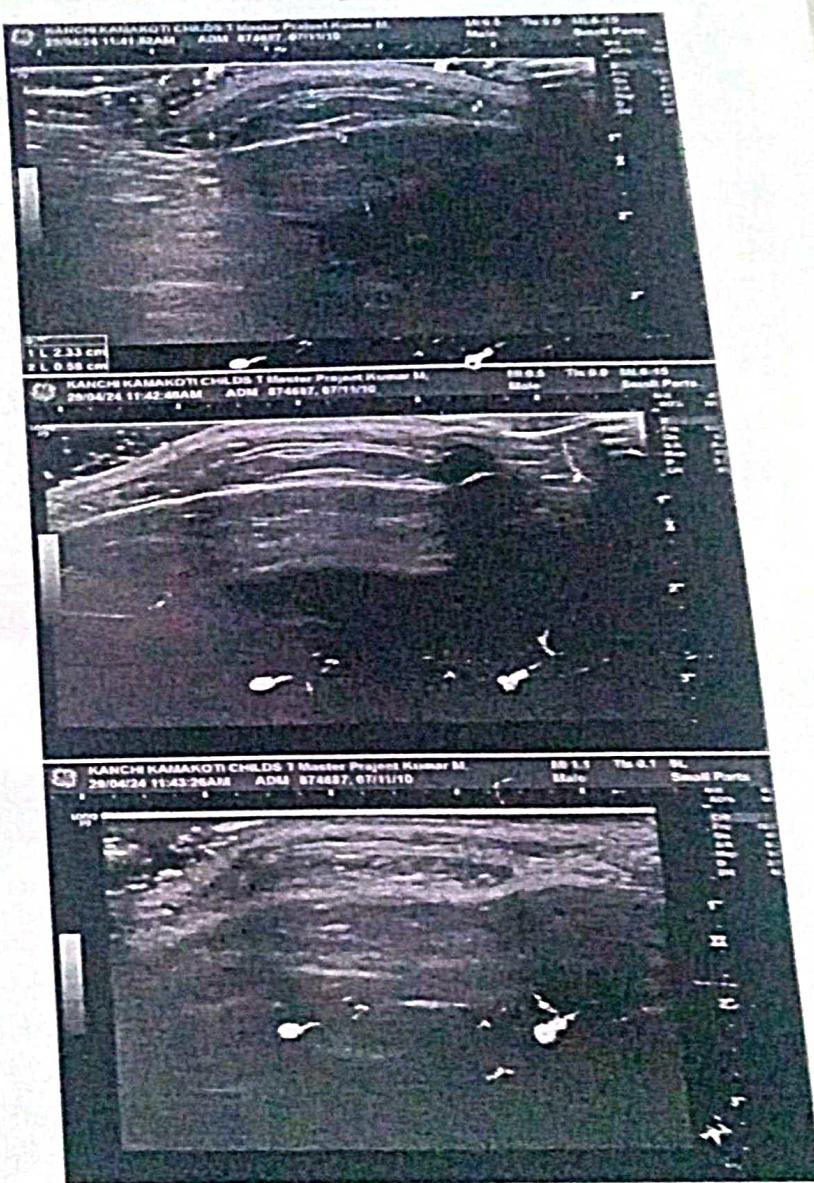
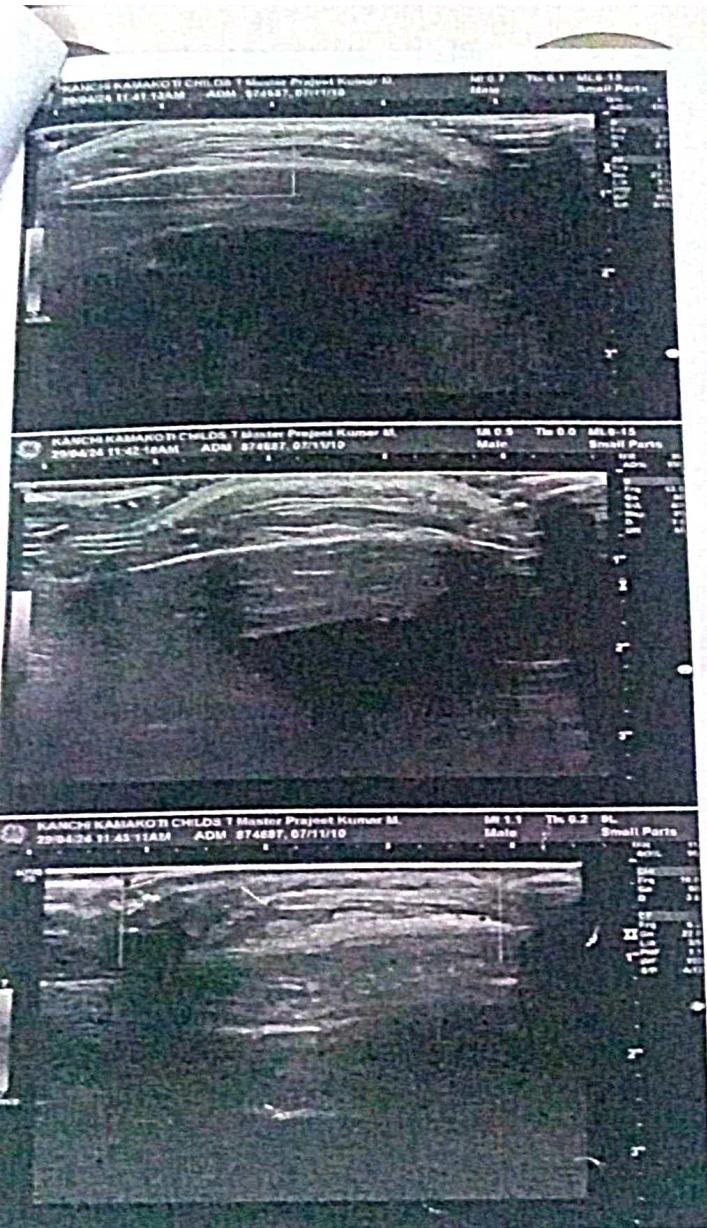
The symptomatic swelling on the left side of forehead corresponds to a moderately well-defined hypoechoic lesion on the surface of the bone. Lesion measures 2.30 cm x 0.60cm. A few dilated veins are seen at the periphery of the lesion.

No internal vascularity.

The underlying bone is normal. No bone erosion.

IMP: Hypoechoic lesion on surface of bone ? lipoma ? benign mesenchymal lesion.


DR. C.V. Kanimozhi FRCR, MD, DMRD, CCT
CONSULTANT PAEDIATRIC RADIOLOGIST





Kanchi Kamakoti CHILDS Trust Hospital
(Recognised by the Nation Board of Examinations)
12A, Nageswara Road, Nungambakkam, Chennai - 600 034
Tel : 044 - 4200 1800
E-mail : kkcth@kkcth.org Website : www.kkcth.org



DISCHARGE SUMMARY

PATIENT NAME : PRAJEET KUMAR, M AGE/SEX: 13 YEAR 5 MON /M

MR. NO: 874687

DOA : 01.05.24

DOS : 01.05.24

DOD : 01.05.24

CONSULTANT : DR. PRIYA RAMACHANDRAN

DIAGNOSIS : LEFT SIDE FOREHEAD SWELLING ? LIPOMA

SURGERY : EXCISION OF SWELLING

CURRENT ADMISSION

Child presented with history of swelling in left forehead for 2 years. History of size of swelling gradually increasing in size.

USG lesion (29.04.24) - The symptomatic swelling on the left side of forehead corresponds to a moderately well defined hypoechoic lesion on the surface of the bone. Lesion measures 2.30 cm x 0.60cm. A few dilated veins are seen at the periphery of the lesion. No internal vascularity. The underlying bone is normal. No bone erosion.

IMP: Hypoechoic lesion on surface of bone ? lipoma ? benign mesenchymal lesion.

CLINICAL EXAMINATION

WEIGHT : 46.8 kg

TEMP : Afebrile

HYDRATION : Fair

GENERAL EXAMINATION : NAD

LOCAL EXAMINATION : left frontal region – 2 x 2 cm, not warm / non tender, soft in consistency, smooth surfaced, well defined margins, slip sign positive



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A, NAGESWARA ROAD, NUNGAMBakkAM CHENNAI 600 034
Phone: +91 44 42001800 Email: kkcth@kkcth.org website: www.kkcth.org



PATIENT NAME : PRAJEET KUMAR. M AGE/SEX: 13 YEAR 5 MON /M MR. NO: 874687

HOSPITAL COURSE

On 01.05.24 under GA, transverse incision given over the swelling, wound deepened. Swelling dissected all around. Swelling excised in toto. Hemostasis checked. Wound closed with 5-0 vicryl. Skin closed with 5-0 monocryl. Dressing done. Specimen was sent for HPE. Post operative period was uneventful. Child recovered well and was discharged with the following advice.

DISCHARGE ADVICE

MEDICATIONS

Tab. AUGMENTIN (625 mg) 1 --- 0 --- 1 X 5 days
Tab. P500 1 --- 1 --- 1 X 2 days

FOLLOW UP

To review with Dr. Priya Ramachandran on 09.05.24 at 10 AM in OPD with HPE report.

In case of urgent care, Please contact 044-4200 1800.

*T.G.
RESIDENT*

DR. PRIYA RAMACHANDRAN
SENIOR CONSULTANT



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034

TEL: +91-44-42001800

E-mail: laboratory@kkcth.org Website: www.kkcth.org

DEPARTMENT OF LABORATORY SERVICES

Patient Name: Master Project Kumar M
Age/Gender: 13 Years 5 Months 22 Days/Male
MR No.: 874687
Location: OPD
Referred By: Dr. PRIYA RAMACHANDRAN
Lab Division No: 5547/op-24

Lab No: 24872940
Collected On: 29/04/2024 2:31PM
Received On: 29/04/2024 3:42PM
Reported On: 30/04/2024 10:27AM
Report Status: Final
Page No: 1 of 2

HAEMATOLOGY

Test	Result	Unit	Biological Reference	Method
Complete Blood Count (CBC) (EDTA WB)				
Specimen : EDTA Whole Blood				
Haemoglobin	L 12.0	gm/dl	13.0 - 18.0	Photometry Only
	7.83	K/uL	4 - 11	Haemoglobin Impedance
Total Leukocyte Count (TLC)				
DIFFERENTIAL COUNTS				
Neutrophils	H 51	%	40 - 62	
Lymphocytes	39	%	20 - 38	
Monocytes	05	%	2 - 10	
Eosinophils	05	%	1 - 6	
RBC Count(Red Blood Cell)	L 4.24	millions/cu.m	4.50 - 6.50	Impedance
Haematocrit(PCV)	L 35.9	m	40.0 - 54.0	RBC Pulse Height Detection
MCV	84.8	fL	83.0 - 101.0	
MCH	28.3	pg	25.0 - 33.0	
MCHC	33.4	gm/dl	31.0 - 37.0	
RDW	H 14.30	%	11.60 - 14.00	
Platelet	353	K/uL	180 - 400	Impedance
Photo-Optical Absorbance 90.1				
PROTHROMBIN TIME (PT)				
Specimen : Citrated Plasma				
TEST	13.2	Seconds		
CONTROL	11.4	Seconds		
Lab Reference Range	9.4 - 13.4seconds			
INR	1.1			

Authorized By

Dr. SEYED RABIA M.D.

Checked By



Test marked with NABL symbol are accredited with NABL vide Certificate no MC-2851

NABL

Accredited

by



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034

TELE: +91-44-42001800

E-mail: laboratory@kkcth.org Website: www.kkcth.org

DEPARTMENT OF LABORATORY SERVICES

Patient Name	Master Prateek Kumar M	Lab No	24872960
Age/Gender	13 Years 5 Months 22 Days/Male	Collected On	29/04/2024 3:31PM
MR No.	874687	Received On	29/04/2024 3:42PM
Location	OPD	Reported On	30/04/2024 10:27AM
Referred By	Dr. PRIYA RAMACHANDRAN	Report Status	Final
Lab Division No	5547/ep-24	Page No	2 of 2

Test	Result	Unit	Biological Reference	Method
PARTIAL THROMBOPLASTIN TIME (APTT)				
Specimen : Citrated Plasma				Photo Optical Absorbance
Test	36.1	Seconds		
Control	32.7			
Lab Reference Range	24.1 - 41.3 seconds			

End Of Report

Checked By

MS. RAJALAKSHMI V

Authorized By


Dr. SEYED RABIA M.D.

- Lab reports should not be interpreted in isolation and it should always be correlated with clinical finding with other medical reports.
- The test results are to be used as a guidance by medical professionals only. Result relate only to the sample received.



Test marked with NABL symbol are accredited with NABL vide Certificate no MC-2851



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12 A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91-44-42001800



E-mail: kkcth@kkcth.org

12-A NAGESWARA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91-44-42001800



I.P. No.

24

Patient Name

UHID
COP

I.P. No. : 24/3269

Patient Name : Master Prajeet Kumar M

UHID : 874687

Address : NO 15, NEHRU ST, THAILAVARAM, KATTANKULATHUR POST, CHENGPATTAU CHENGPATTAU, Tamil Nadu-603203

Phone : 8939379660

Payer : SELF PAY

Sponsor : SELF PAY

Insurance Id : 1

Patient Bill (Summary)

	Particulars	Gross Amt	Net Amt	Pat Amt	Payer Amt
1	BED CHARGES	450.00	450.00	450.00	0.00
2	LABORATORY	1310.00	1310.00	1310.00	0.00
3	MATERIALS	1059.00	1059.00	1059.00	0.00
4	EQUIPMENT	560.00	560.00	560.00	0.00
5	OTHERS	200.00	200.00	200.00	0.00
6	IP VISIT	1580.00	1580.00	1580.00	0.00
7	OT CHARGES	5380.00	5380.00	5380.00	0.00
8	Round Off	-0.02	-0.02	-0.02	0.00
9	GENERAL PAEDIATRICS	13750.00	13750.00	13750.00	0.00
10	Drugs & Consumables	6901.02	6901.02	6901.02	0.00
Total Bill Amount					31190.00
Net Bill Amount					31190.00
Net Bill Amount (Incl. Tax)					31190.00
Patient Amount					31190.00
Payer Amount					0.00
Amount Received(-)					20000.00
Amount To Be Received					11190.00

Total Bill Amount In Words: INR Thirty One Thousand One Hundred Ninety only

Patient's Attendant's Signature

**FINAL BILL
CLEARED**

Authorised Signatory

Kanchi Kamakoti Childs Trust Hospital
12-A, Nageswara Road, Nungambakkam,
Chennai-600034.
Phone: 4200 1800, Fax: 2825 9633.
Hosp. Regd. No: 8900080204430.



KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A NAGESWARA ROAD, NUNGAMBakkAM, CHENNAI - 600034 TEL: +91-44-42002860

GSTIN: 32AAAAT2552P1ZA

E-mail: kkcth@kkcth.org Website: www.kkcth.org



Patient Bill (Details)

I.P. No.	24/3259	Bill No.	IPCA25/12094	
Patient Name	Master Prajeet Kumar M	Bill Date	01/05/2024 16:25	
UHID	874687	Age / Gender	13 Yr 5 Month 24 Days/Male	
Consultant	Dr. PRIYA RAMACHANDRAN / Dr. PRIYA RAMACHANDRAN	Phone	8939379660	
Address	NO 15, NEHRU ST, THAILAVARAM, KATTANKULATHUR POST, CHENGALPATTU CHENGALPATTU, Tamil Nadu-603203			
Sponsor	SELF PAY	D.O.A	01/05/2024 07:21	
Payer	SELF PAY	D.O.D	01/05/2024 16:25	
Insurance		Bed No/Ward	GW-301-03/3rd Floor	
Insurance Id				
Date / Requisition No.	Particular	Rate	Qty	Amount

BED CHARGES

01/05/2024 - 01/05/2024	GENERAL NON-AC	450.00	1.00	450.00
Total for BED CHARGES				450.00

Drugs & Consumables

01/05/2024 09:09 - P24-25/5409	PATIENT GOWN(10-15YRS) [B.No:-PTG05140224] [ExpDate:-30/01/2027]	98.00	1.00	98.00
01/05/2024 09:09 - P24-25/5409	CAP(QUEEN)SPRING [B.No:-1234] [ExpDate:-30/12/2028]	10.00	1.00	10.00
01/05/2024 09:09 - P24-25/5409	AHD SPECIAL-100ML [B.No:-RAS-24008] [ExpDate:-27/02/2027]	225.00	1.00	225.00
01/05/2024 09:09 - P24-25/5409	ID BAND-ORD(BLUE) [B.No:-KKCTH] [ExpDate:-30/12/2028]	10.00	1.00	10.00
01/05/2024 13:31 - P24-25/5449	HERNIA (CT)PACK,PAED [B.No:-PD01030424] [ExpDate:-30/03/2027]	1528.00	1.00	1528.00
01/05/2024 13:31 - P24-25/5449	GLOVES-ENCOR MICROPTIC-6 1/2PF [B.No:-240100081T] [ExpDate:-30/01/2027]	114.00	1.00	114.00
01/05/2024 13:31 - P24-25/5449	GLOVES-ENCOR MICROPTIC-6.0 PF [B.No:-231202471T] [ExpDate:-30/12/2026]	114.00	3.00	342.00
01/05/2024 13:31 - P24-25/5449	GLOVES-ENCOR MICROPTIC-7.0 PF [B.No:-240200161T] [ExpDate:-01/02/2027]	114.00	1.00	114.00
01/05/2024 13:31 - P24-25/5449	VACU SUCK STANDARD TIP-YANKAUJ SUCTION SET ROMSONS [B.No:-G24AD10797] [ExpDate:-30/12/2028]	532.00	1.00	532.00
01/05/2024 13:31 - P24-25/5449	BLUE LINE GAUZE 5CM*5CM,STERILE [B.No:-XG054240423] [ExpDate:-30/03/2027]	55.00	2.00	110.00
01/05/2024 13:31 - P24-25/5449	GAUZE STERILE 5*5CM-STERILE-4S [B.No:-G054240412] [ExpDate:-30/03/2027]	35.00	5.00	175.00
01/05/2024 13:31 - P24-25/5449	MOPING PAD(SWAB)STERILE-2S [B.No:-012024] [ExpDate:-28/01/2027]	90.00	1.00	90.00
01/05/2024 13:31 - P24-25/5449	ECG ELECTRODES(MEDICO LEAD LOK-07 -PEAD) [B.No:-43123505MG00] [ExpDate:-30/10/2025]	36.00	4.00	144.00
01/05/2024 13:31 - P24-25/5449	DREZ 10% SOLUTION-100ML [B.No:-24-DTS-305] [ExpDate:-30/01/2027]	107.52	1.00	107.52
01/05/2024 13:31 - P24-25/5449	CAP(DISP.)JIT & JTT [B.No:-1234] [ExpDate:-30/12/2028]	10.00	7.00	70.00

Printed By: 20054

Prepared By: SONA P C

1 of 3

Print Date: 01/05/2024 04:26

KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A NARASIMHA ROAD, NUNGAMBakkAM CHENNAI - 600034 TEL: +91-44-42001800

GSTIN: 33AAAT2552P1ZA

E-mail: kkcth@kkcth.org Website: www.kkcth.org

01/05/2024 13:31 - P24-25/5449	FACE MASK-3PLY ELASTIC BLUE [B.No:-1234] [ExpDate:-30/12/2028]	4.50	7.00	
01/05/2024 13:31 - P24-25/5449	DISPOSABLE EARTH PAD FOR MARTIN DIATHERMY [B.No:-ZX20231213] [ExpDate:-30/12/2028]	900.00	1.00	900.00
01/05/2024 13:31 - P24-25/5449	VICRYL 4-0 2304-20MM [B.No:-T3025] [ExpDate:-29/09/2028]	587.00	1.00	587.00
01/05/2024 13:31 - P24-25/5449	B.P BLADE NO.11(LISTER) [B.No:-MAGN230911] [ExpDate:-30/08/2026]	6.00	1.00	6.00
01/05/2024 13:31 - P24-25/5449	B.P BLADE NO.15(LISTER) [B.No:-MAGN230915] [ExpDate:-30/08/2026]	6.00	1.00	6.00
01/05/2024 13:31 - P24-25/5449	MONOCRYL S-0 W3204-16MM-125 [B.No:-TCMK88] [ExpDate:-27/02/2028]	1000.00	1.00	1000.00
01/05/2024 13:31 - P24-25/5449	DERMAFILM 6 CM [B.No:-110522VB] [ExpDate:-10/05/2027]	66.00	1.00	66.00
01/05/2024 13:31 - P24-25/5449	E.T.TUBE 6-5 CUFFED HELMIER [B.No:-23E1-09J] [ExpDate:-30/08/2028]	340.00	1.00	340.00
01/05/2024 14:53 - P24-25/5457	GENERAL PACK [B.No:-GP11150424] [ExpDate:-30/03/2027]	1823.00	1.00	1823.00
01/05/2024 14:54 - P24-25/5119	HERNIA (CT)PACK PAED [B.No:-PD01030424] [ExpDate:-30/03/2027]	1528.00	1.00	-1528.00
Total for Drugs & Consumables				6901.02
IP VISIT				
01/05/2024 - IP25/27331	IP PRIMARY VISIT CHARGES - HOSPITAL CONSULTANTS (Dr. PRIYA RAMACHANDRAN)	600.00	1.00	600.00
01/05/2024 16:24 - IP25/27229	NURSING AND SUPPORT SERVICES	980.00	1.00	980.00
Total for IP VISIT				1580.00
LABORATORY				
01/05/2024 07:21 - IP25/27074	UNSPECIFIED SPECIMEN -MEDIUM	1310.00	1.00	1310.00
Total for LABORATORY				1310.00
OTHERS				
01/05/2024 07:21 - SP25/26706	IP ADMISSION CHARGES	200.00	1.00	200.00
Total for OTHERS				200.00
OT CHARGES				
01/05/2024 07:21 - SP25/27079	OT4 CHARGES FULL	5380.00	1.00	5380.00
Total for OT CHARGES				5380.00
GENERAL PAEDIATRICS				
01/05/2024 07:21 - SP25/27079	IV LINE ACCESS ()	250.00	1.00	250.00
01/05/2024 07:21 - SP25/27073	DERMOID CYST EXCISION (Dr. PRIYA RAMACHANDRAN)	9000.00	1.00	9000.00
01/05/2024 07:21 - SP25/27073	DERMOID CYST EXCISION (HOSPITAL CHARGES)	1350.00	1.00	1350.00
01/05/2024 07:21 - SP25/27073	ANESTHETIST CHARGES (Dr. RAMESH S)	3150.00	1.00	3150.00

Prepared By: SP25/27A

Prepared By: SONA P.C

1 of 1

Print Date: 01/05/2024 04:26

KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

12-A NAGESWARA ROAD, NELICAMPALAM, CHENNAI - 600034. TEL: +91-99-42001800

GSTIN: 33AAAAAT2552P1ZA

E-mail: kcketh@kcketh.org Website: www.kcketh.org



EQUIPMENT

01/05/2024 07:21 -	MONITOR AT SURGERY	Total for GENERAL PAEDIATRICS	13750.00
IP25/27070		280.00 2.00	560.00

Total for EQUIPMENT 560.00

MATERIALS

01/05/2024 07:21 -	SEVORANE (SEVOFLURANE) -250 ML	34.00 20.0	698.00
IP25/27070		0	
01/05/2024 07:21 -	FORANE (ISOFLURANE) - 250 ML	12.10 10.0	121.00
IP25/27070		0	
01/05/2024 07:21 -	NITRILE GLOVE(50 PAIRS) POWDER FREE-GLOVEON- LARGE SIZE	24.00 10.0	240.00
IP25/27070		0	

Total for MATERIALS 1059.00

Round Off

01/05/2024 16:25 -	Round Off Amount	-0.02 1.00	-0.02
IP25/27337			

Total for Round Off -0.02

Total Bill Amount	31190.00
Net Bill Amount	31190.00
Patient Amount	31190.00
Payer Amount	0.00
Net Bill Amount (Incl. Tax)	31190.00
Amount Received(-)	20000.00
Amount To Be Received	11190.00

Patient's Attendant's Signature

Authorised Signatory

672

Kanchi Kamakoti Childs Trust Hospital
12-A, Nageswara Road, Nungambakkam
Chennai-600034, Tamil Nadu 600034
Phone: 4200 1800, Fax: 2815 9633.
Hosp. Regd. No: 8900050204430.

Printed By: SONA P C

Prepared By: SONA P C

3 of 3

Print Date: 01/05/2024 04:26

KANCHI KAMAKOTI CHILDS TRUST HOSPITAL

17A NAGESWARA ROAD, NUNGAMBALAM - CHENNAI - 600014 TEL: +91-44-42011880

GSTIN: 33AAJATZ53ZP1LA



E-mail: kcth@kcth.org Website: www.kcth.org



DISCHARGE INTIMATION SLIP

L.P. No.	1 24/1262	Bill No.	1 JPCAJ5112024
Patient Name	Master Praveen Kumar M	Bill Date	01/05/2024 16:25
MR No	1 874637	Consultant	Dr. PRIYA RAMACHANDRAN
Age/Gender	1 13 Yrs Male	Sponsor	SELF PAY
Phone	1 8939179660	Payer	SELF PAY
Address	1 NO 15, NEKU ST, THALAVARAM, KATTAMALAIPUR POST , CHENGALPATTU CHENGALPATTU, Tamil Nadu 602120	D.O.A	01/05/2024 07:21
		D.O.D	01/05/2024 16:25
		Bed No / Ward	1 GW-301-03 / GENERAL NON AC

Please handover this slip to Main Gate Security before leaving the hospital premises

Prepared by	Verified by
Issued By	Name:
Print Date	Emp No:

**FINAL BILL
CLEARED**

Bill No : 10003775
MR No : 1 874687

Emaill No

1 OKKA25/11185

Bill Date

1 29/04/2024 15:29

Physic Doctor

1 DR. PELLA RAMA RAO, M.D.(M&S)

Patient Name : Master Prajeet Kumar M

Gender/Age : Male/13 yrs

Released By : Self

Payer : SELF PAY

E-Mail ID : muthul0@gmail.com

Address

1 NO 15, NEHRU ST, THALLAVARAM, KATTAKULATHUR POST CHENNAI DIST, CHENNAI, TAMIL NADU, INDIA - 603103

Ref. Name

Sl# Service Code

Service Particulars

Room

Rate

Unit

Total

Concession

Net Amt

Part Amt

Prep Amt

1 50333 PROTHROMBIN TIME (PT)

2 50107 COMPLETE BLOOD COUNT (CBC) :

3 50303 PARTIAL THROMBOPLASTIN TIME (APTT)

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M - 8 2ND AVENUE
ANNA NAGAR, CHENNAI - 600 040, TAMIL NADU
RTGS / NEFT / IFSC : HDFC0000017

Pay

Rupees रुपये

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Valid for 3 months only

Weekly Holiday on SUNDAY

Or Bearer
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A/c No.	00171050221676
Branch	

Bm: 0017 Pdt: 105
SB A/C

Payable at par through clearing banker at all branches of HDFC BANK LTD

N Muthukumar N

Please sign above / कृपया यह स्वीकार करें

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आद्यन् विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA



MUTHUKUMAR

NAGARAJ

03/05/1981

Permanent Account Number

APWPM6010K

3345

34

UPC- 19636

M. Mukund

Signature

In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सुचित करें।
आधिकारी पैन सेवा यूनिट, यूटीआईटीएसएल
प्लॉट नं. ३, सेक्टर ११, नवी मुंबई-४०० ६१४
नवी मुंबई-४०० ६१४.