

DISCHARGE SUMMARY — POLICY 753142

City Wellness Center, Jaipur

Vaishali Nagar • Phone: +91 78901 55334 • Email: contact@citywellnessjaipur.in

Date: 13/07/2025

To,

Sara Gupta

Jaipur

Subject: Discharge Summary for Policy ID: 753142

Dear **Sara Gupta**,

You have been discharged after ENT care under **Dr. Menon Nambiar**.

Patient Details

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Name: **Sara Gupta**

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Patient ID: **53142**

Admission Details

- Admission Date: **02/06/2025**

- Discharge Date: **13/07/2025**

- Type: **Accident**

- **Policy ID:** 753142

Diagnosis

- Primary Diagnosis: **Nasal fracture**

- Secondary Diagnosis: **Swelling**

Treatment Summary

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Minor nasal correction

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Pain relief & antibiotics

Billing / Amount

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Procedure Charges: ₦60,000

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Medications: ₦5,212

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Room Charges: ₦15,000

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Other Charges: ₦18,000

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Billing Amount: ₦98,212

Authorized Signature

Dr. Menon Nambiar