## Dr. Venkatesh rathod

MBBS, D ortho, DNB ortho



#### Consultant at:

**VASAVI** Hospital

Vasavi Institute of Advance Orthopaedics Kumarswami Layout,Bengaluru SHRC

> Shanti Hospital and research Centre Jayangar,8th Block, Bengaluru SOC

> > Date: 07-Apr-2025

SOC Srinidhi Orthopaedics Centre No 8/B, 2nd B cross, 1st Main Road, ,Srinidhi Layout chunchagatta, konankunte, Bengaluru- 560062

**#Visit** : 3

CONSULTANT ORTHOPAEDIC SURGEON

For Appointments: 9902655334

Mob: 8861530509

Name: MRS.SREEVALLI (45y, Female)

**Phone**: 7760605563

ID : 1099

**Diagnosis**: SEROPOSITIVE RHEUMATOID ARTHRITIS

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	<b>`</b>		
Medicine		Dose	Freq Duration
1	TAB. FOLITRAX 7.5 MG *  Composition: METHOTREXATE 7.5 MG  Timing: 1 - Morning  Note: TUESDAY	1-0-0	weekly - 3 months
2	TAB. FOL 5  Composition: FOLIC ACID 5 MG  Timing: 1 - Morning  Note: SUN - TUE- THUR	1-0-0	alternate day - 3 Months
3	TAB. HCQS 200MG  Composition: HYDROXYCHLOROQUINE SULPHATIMING: 1 - Morning	<b>1 — 0 — 0</b> ATE 200 MG	daily - 3 months
4	TAB. ETOSHINE 90MG *  Composition: ETORICOXIB 90 MG  Timing: 1 - Morning, 1 - Dinner	1-0-1	daily - 5 Days

Tests Prescribed: 7TH JULY 20205, CBC, LFT, RFT





Dr Venkatesh Rathod fellowship in upper limb trauma and reconstruction knee and shoulder arthroscopic surgeon

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Sign

**Next Visit** 

DD / MM / YYYY

**FACILITIES AVAILABLE:** 

★ Speciality Orthopaedic Consultation ★ Orthopaedic Emergencies

### SAMRUDDHI MEDICALS

55, opp. to Water Tank Road, 1st Block, Banashankari 3rd Stage, Kathrigupe Banashankari, Bengaluru, Karnataka 560085

#### 9880054141

DL. No: KA-B41-187994/187995 GSTIN: 29AAYPU1848E2ZW

Tax Invoice

Bill: **SAM00432 09-Jul-2025** 

Payment Mode: Cash



Scan To Order

Patient: SREEVALLI PRAKASH Contact 7760605563 Add: -			Doctor VENKATESH RATHOD Contact - Add: -										
#	ITEM	MANU	HSN	PACK	SCH.	RACK	BATCH	EXP.	QTY	PRICE	DIS%	GST	AMT.
1	FOLITRAX 7.5MG TAB 10 S	Ipca	30049042	10 Tab	SCHEI H	OULED -	AT-130225	01/28	1:0	16.32	-	5%	146.88
2	FOLITRAX 7.5MG TAB 10 S	Ipca	30049042	10 Tab	SCHEI H	ULED -	AT050425	03/28	1:0	16.32	-	5%	146.88
3	FOLITRAX 7.5MG TAB 10 S	Ipca	30049042	10 Tab	SCHEI H	ULED -	AT-020425	03/28	1:0	16.32	-	5%	146.88
4	HCQS 200MG TAB 15 S	Ipca	30049099	15 Tab	-	-	GPD082500	02/29	3:0	7.12	-	12%	288.36
5	HCQS 200MG TAB 15 S	Ipca	30049099	15 Tab	-	-	GPD082500	03/29	1:0	7.25	-	12%	97.88
6	FOL 5MG TAB 30 S	Zydus	30043919	30 Tab	-	-	S401321	06/26	1:0	1.69	-	12%	45.63
Total MRP: 969.45 Total S						ı al Savi	ng: 96.94		N	et Am	nour	nt: 8	72.00

Terms & Conditions
E & O.E Goods Once Sold Cannot Be Taken Back Or Exchanged
Subject to Bangalore Jurisdiction

CGST
33.62
SGST
33.62
SGST
7.GST
67.25

# ULTRA DIAGNOSTIC SERVICES Associated with





No 38/113 Ground Floor, Kathriguppe Main road, BSK 3rd Stage, Bangalore 560085, Phone 080 42064534, 26794222

BILL CUM RECEIPT

	THE RECEIPT
Bill No OP2526/002170  Name Mrs. SREE VALLI  Gender/Age Female 45 years  Mobile 7760605563	UHID  Date  O4/07/2025 8:01AM  CONSULTANT  Dr. VENKATESH RATHOD  Payment Type  UPI/UPI
Sl. No Particulars	Qty Amount
Investigation  1 1499 EXPRESS HEALTH PACKAGE(SELF)  Otal:	1 1499.00 1499.00
Amount (In Words): One Thousand Four Hundred Ninety-Nir	e Only Amount Receivable 1499.00
Payment Details Receipt No Payment_Amount Payment_Refunc	Mode UPI/UPI
REC2526/002299 1,499.00 0.00	Amount Received 1499.00
	Balance 0.00

Prepared By: **DHARMESH M**