

**BANASHANKARI ORTHO CLINIC**

Dr. SUJAYENDRA D.M
MBBS, MS(Ortho), DNB(Ortho)
Fellowship in Joint Replacement Surgery
(Formerly Assistant Professor @ Kasturba Hospital, Manipal)
KMC Reg No. 103771

Name: - Mr. Deepak - N. Age: - 52Y. Sex: - Male. Date: - 07/07/2025

Early osteoarthritis of both knees.

(R) knee is more symptomatic.

X-Ray: Grade 2 KL changes.

Adv: Precautions.

Physiotherapy.

- Ultrasonic therapy to both the knees.

- Quadriceps and hamstring exercises.

Medications.

1. TAB. CARTIGEN DVO 1-0-0 x 6 weeks (A/E).

2. TAB. ETOSHINE 60mg 1 SOS — (10) (A/E).

3. Freeflex Emulgel for L/A ✓-o-✓.

Blood tests - ESR, CRP and serum uric acid.

1. Diabetes Mellitus

2. Hypertension

3. IHD

4. Hypothyroidism

5. Kidney Disease

6. Drug Allergy

Sujay

Dr. SUJAYENDRA D.M
BANASHANKARI ORTHO CLINIC
No. 1993, 9th Main Road, Banashankari 2nd Stage,
Bengaluru - 560 070. Mob: 9740981655
KMC Reg No: 103771

CONSULTANT ORTHOPAEDIC SURGEON

Timing: - 5.00 PM TO 8.00 PM
Sunday Holiday

For Appointment Call: 9845370055
9740981655

No. 1993, 9th Main Road, Banashankari 2nd Stage, Bengaluru - 560 070.
E-Mail: orthopaedic.blr@gmail.com

FOR EMERGENCIES CALL. 9740981655



BANASHANKARI ORTHO CLINIC

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Bengaluru - 560 070. Mob: - 9845370055
KMC Reg No. 103771

To: Mr. Deepak. N
52-7cvb

Receipt No. **1848**

Date: 07/07/2025

MEDICAL RECEIPT

Sl. No	Description	Cost	Total
1	CONSULTATION CHARGES	500	500
2	X-RAY	1000	1000
	CAST APPLICATION		
	MATERIALS		
	OTHERS		
Subtotal		1500	
Tax		-	
Total		1500	

For Banashankari Ortho Clinic

Dr. Sujayendra D.M.

BILL CUM RECEIPT



Bill No OP2526/002346
Name Mr. DEEPAK
Gender/Age Male 50 years
Mobile 7760605563
Email

UHID UD2122/003587
Date 12/07/2025 7:37AM
CONSULTANT Dr. SUJAYENRA
Payment Type UPI/UPI

Sl. No	Particulars	Qty	Amount
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Investigation

1	ESR (ERYTHROCYTE SEDIMENTATION RATE)	1	100.00
2	C REACTIVE PROTEIN - CRP	1	500.00
3	URIC ACID	1	250.00

Total : 850.00

Amount (In Words): Eight Hundred Fifty Only

Amount Receivable 850.00

Payment Details

Receipt No	Payment Amount	Payment Refund	Mode
REC2526/002485	850.00	0.00	UPI/UPI

Amount Received 850.00

Balance 0.00

Prepared By: **DHARMESH M**

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: SAM00431

09-Jul-2025

Payment Mode: Cash



Scan To Order

Patient: DEEPAK N Contact 7760605563

Add: -

Doctor SUJENDRA Contact -

Add: -

#	ITEM	MANU...	HSN	PACK	SCH.	RACK	BATCH	EXP.	QTY	PRICE	DIS%	GST	AMT.
1	CARTIGEN DUO TAB 10 S	Pharm	30049099	10 Tab	-		TCDT25008	08/27	6	345.00	-	12%	1821.60
2	FREEFLEX EMUGEL 50GM	-	30049011	50GM	-		U013	02/27	1	449.00	-	12%	395.12
3	ETOSHINE 60MG TAB 10 S	Sun P	30049099	10 Tab	-		SIF2912A	05/27	1	162.00	-	12%	142.56
4	STAMLO 5MG TAB 30 S	Dr Re	30049072	30 Tab	-		E2500665	03/28	2	85.20	-	12%	149.95

Total MRP: 2851.40

Total Saving: 342.17

Net Amount: 2509.00

Terms & Conditions

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

RP Sign

CGST	134.43
SGST	134.43
T.GST	268.85



Rayarakirana Physiotherapy & Rehab Clinic

1461, 23rd Main Rd, Banashankari
Stage II, Banashankari, Bengaluru,
Karnataka 560070

Dr. Kiran.S.Murthy PT
BPT, Fellowship in sports
science(Apollo, hyd)
NDT & MFT, NICU & Jeena Inc,
(California USA)
Consultant Physiotherapist &
Specialised in Pediatric
Physiotherapy
Specialist in Kinesiology Taping

Deepak N (#LCID7519) , 51y2m , F

+91-7760605563

17-Jul-2025 at 08:05 PM

Invoice by : Dr. Kiran S Murthy

Bill Number : INV1989

#	Item	Qty	Cost (INR)	Final Cost (INR)
1	US/FR	9	500.00	4,500.00

Grand Total : 4500 INR

Total In Words : Rupees Four Thousand Five Hundred Only

Electronically Signed by:
Dr. Kiran S Murthy
(Reg No.: 2005)
Physiotherapist