

(A Unit of Sunrise Institute of Medical Sciences (P) Ltd.)
Seaport-Airport Road, Kakkanad, Kochi 682 030
GSTIN: 32AAICS4341K2ZB, CIN: U85110KL2002PTCO15726
Tel.: 00 91-484 2428913-16 (4 Lines), 4160000 E-mail: Info@sunrisehospital.in, www.sunrisehospital.in

## BILL

Invoice No.

Registration No.

358131 **JEENA SEBASTIAN** 

**Patient Name** Sex

Female

40 Y

Age

DG/101693/21-22

Doctor

Admission Date

Date & Time

**Discharged Date** 

Room No:

25-Mar-2022 08:06 AM

Health Package

25-Mar-2022

ROUTINE INVESTIGATIONS

Abdomen Scan Chest PA

Complete Blood Count (CBC) Creatinine

Electro Cardio Graph
Electrolytes (Na, K, Cl-, HCO3-)

FBS

HbA1c

Lipid Profile

Liver Function Test PAP Smear

**PPBS** 

**Thyroid Function Test** 

TMT Uric Acid

Vitamin B-12

Vitamin D

GRAND TOTAL (Rupees seven thousand three hundred)

**ADVANCE** 

**BALANCE AMOUNT COLLECTED** 

7300.00 0.00

7300.00

7300.00

Cashier For SUNRISE HOSPITAL (Shefi Francis)

