

Rainbow Children's Medicare Pvt.Ltd

Rainbow Children's Hospital - Hydernagar
H.NO:1-2-19,1-2-19/1,1-2-19/2,1-2-20,Plot No:1&1,2,3,4,5, Ground Floor,Beside
Reception.SY NO:141, Hydernagar(V) Kukatpally,Balanagar(M),Rangareddy-CirI(DIST)
Hyderabad, INDIA
TEL NO: 040-42462300

Registered Office: 8-2-120/103/1, Survey No. 403, Road No. 2, Banjara Hills, Hyderabad 500034, Telangana
GSTIN : 36AABCR4014M1ZE CIN NO : U85110TG1998PTC029914

Outpatient(OP) Bill Of Supply



(Original)

Bill Number : OCS3-00617985

Bill Date : 04/07/2019 17:53:54

UHID : KUH-00022714

Medical Service Provided to:

Name & Address : Master EESHAN SHRIVASTAV
MAYATS HILLSCOUNTY, Hyderabad

Contact Number : 9030094335

State & Code : Telangana & 36

PAN Number :

GST Number :

National ID :

Payor : SELFPAY

Internal Doctor : Dr. JAMIR DILIP ARLIKAR

Age / Sex : 2 Y 10 M 16 D / MALE

External Doctor :

Lab Ref. No. : Speciality : CONSULTANT PEDIATRIC SURGEON

Sl.No.	Services	SAC Code	Internal Code	Qty	Price	Discount	Amount
1	Dr. JAMIR DILIP ARLIKAR	999312	JamirArlik	1	700.00		700.00

Total Amount : 700.00

Paid Amount : 700.00

Amount in Words : Rupees Seven Hundred only

Received with thanks the sum of Rs : 700.00 from Master EESHAN SHRIVASTAV

Payment Mode : Card : 700.00 Card No :414366*****1043

Remarks :

E & OE

for Rainbow Children's Medicare Private Limited.

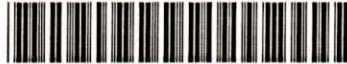
Cashier Signature

Mr HANUMANTH RAO

OUT PATIENT CARD CUM RECEIPT

UHID : KUH-00022714
 Patient Name : Master EESHAN SHRIVASTAV
 DOB/Age/Gender : 18-Aug-2016/2 Y 10 M 16 D /MALE
 Doctor Reg :
 Consultation Type : First Visit
 Payor : SELF PAY

Bill No : OCS3-00617985 Bill Amount : 700.00 Rs
 Bill Date : 04-07-2019 05:53:54 PM
 Doctor Name : Dr. JAMIR DILIP ARLIKAR
 Department : PEDIATRIC SURGERY
 Specialisation : CONSULTANT PEDIATRIC SURGEON



**** This Card is Valid upto 11-07-2019 or First Visit - Which ever is the earliest ****

Weight : 14.89

Height / Length :

Temp. N

Symptoms and Examination Findings:

1/2 swelling over

from - last few

days

Provisional Diagnosis :

Plan of Care :

1/E. do mepow
 Cyt
 Ad

- Betam' 100

* Prescription of drug must mention name of the drug, route, dose and frequency in clear handwriting.

BANJARA HILLS:

In an EMERGENCY Call - T : +91 40 2355 1555
 M : 96768 38787
 For OPD Appointment Call Toll-free : 18002122

VIKRAMPURI:

In an EMERGENCY Call - T : +91 40 2789 1531
 For OPD Appointment Call Toll-free : 18002122

KUKATPALLY:

In an EMERGENCY Call - T : +91 40 2389 2300
 For OPD Appointment Call Toll-free : 18002122

KONDAPUR:

In an EMERGENCY Call - T : +91 40 2311 4455
 For OPD Appointment Call Toll-free : 18002122

MADHAPUR OUTPATIENT CLINIC

(for Children, Women & Infertility)

PLEASE NOTE : We do not have any EMERGENCY service
 For OPD Appointment Call Toll-free : 18002122
 + 91 40 42462100

L.B. NAGAR

In an EMERGENCY Call - T : +91 40 71111333
 For OPD Appointment Call Toll-free : 18002122

Rainbow Children's Medicare Pvt. Ltd.

For Appointments call: 1800 2122

You can take "ONLINE APPOINTMENT" from our website at ANY TIME : Log on to "www.rainbowhospitals.in"