

OPD Prescription

OPD No. : 26280
Patient Name : Mrs. CHHANDA BANDOPADHYAY
Guardian Name : W/O T.K BANDOPADHYAY
Doctor Name : DR. TANIA MUKHERJEE
Address : BIDHAN NAGAR DGP-6

Date : 03/Mar/2022 Time : 10:57
Age / Sex : 49 Years / Female
Valid Upto : 03/Mar/2022 Serial No. : 3
UHID No. : 40708

H/O . LOC / Mild pain

Thanks. For referral.

CT- forain : (1) Sided. Allergic Swim

Clinically , mild. Headache (L) .
occasional

(1) Frontal . Tender
Extremity
Swim

Adv

Steam inhal. - BD.
E (Kant) Plus
(1/2) . 20min.

10AM [T. Glevo - 500 - ODPC
x 6d.
T. Wysolone - 20 - ODPC
x 7d
T. Omig - DSR - ODPC
x 7d

N/s. : Azeflu - 20mg
Both metast. once daily
in morning x 2wks

Dr. TANIA MUKHERJEE
MBBS MS ENT
WBMC 67914
M: 8777032006

CECT - PNS. - 3mm (after 10 days)

Send for . IgE / AEC / CBC / CRP .
Unl cr. : CM

Dr. S. K. Roy

MD (Cal)

Consultant Physician

RN-2 TITOV STREET

Pump House More

Bidhannagar

Durgapur - 12

Ph. No. : 0343-2535969

Morning : 9.30 A.M. - 12.30 P.M.

Chandra Basu

26/4/22

434

102/86 - 4 m

9 m
moderate

1

Holter monitor

24 hrs

= Echocardiogram

= CT Scan of brain

= X-ray

= E.E.G.

= Urine analysis

Neapras 401 at home

2

To see ENT Surgeon

Allergy to Drug if any :-

- > E.C.G. by Appointment
- > For Emergency Contact Nearest Hospital
- > House Call regretted

Mrs. Chhanda. Bandyopadhyay. /
49 yrs / F.



HEALTHWORLD
HOSPITALS
MAKING A WORLD OF DIFFERENCE

UHID : 230785

Hypo. of Allergic fungal Sinusitis
(chance discovery)

24/3/22

Plan : (L) MMA + (L) Sinusoidal mass Excision.
+ Adenoid Ablation LGA.

D.O.A : 27.3.22
D.O.S : 28.3.22

Adm.

Nasal, Endoscopy
Done
PAC, Done

Adm.

Pre-op. Panel.
ECC - 12 lead
C/P4

COVID-19 RTPCR

Steam. inhal. BD.
E Karbi Phun

Cont. N/S - Azeflo.

Ym

Dr. TANIA MUKHERJEE
MBBS, MS-ENT
Consultant
ENT

Regn No.: 67914 (WBMC)

A Unit of Parashmani Medical Centre Pvt. Ltd.

Address : Plot No. C-49, Commercial Area, Opp. ESIC Regional Office, City Centre, Durgapur-713216, Dist. : Paschim Bardhaman, West Bengal, India
Website : www.healthworldhospitals.com, Email : info@hwhos.com, CIN : U85100WB2014PTC201736 PAN : AAHCP6873G

For any query, Pl. Call : 8170055553 / 8170066660 / 0343-2547755; For Ambulance, Call : 8170052660
For Blood Collection from Home, Contact : 8170052815 (Durgapur), 8170052700 (Asansol), 8170052680 (Dhansiri)

OPD Prescription

OPD No. : 27714
Patient Name : Mrs. CHHANDA BANDOPADHYAY
Guardian Name : W/O T.K BANDOPADHYAY
Doctor Name : DR. TANIA MUKHERJEE
Address : BIDHAN NAGAR DGP-6

Date : 21/Mar/2022 Time : 17:46
Age / Sex : 49 Years / Female
Valid Upto : 21/Mar/2022 Serial No. : 5
UHID No. : 40708

CRP: 8.6
15/3/22

Nm - Aplectic

Adm : Nasal Endoscopy
Steam: nthal - BD /
Kant 1 Plus
(1/2) - 20

T. Glens - 500 - 000
X: 12d

Plan: (L) MMA + (C) Sinusoidal man. Exaltin
+ Adenial Abulation IGA

N/S - Azoflu

TM
Dr. TANIA MUKHERJEE
MBBS MS ENT
WBMC 67914
M: 8777032006

TM

Blood for ~~ABO~~ ABO / Urfer
Serology / BT - CT /
ECG - 12 lead / CxPA /
ECHO

COVID-19 RTPCR

TM



DEPARTMENT OF ENT
DISCHARGE SUMMARY

Patient Name	: Mrs. Chhanda Bandopadhyay	UHID	: 230785
Age/Gender	: 49 Yrs/Female	IP. No.	: 22/5291
Admission Date	: 27/03/2022 05:03 PM	Discharge Date	: 30/03/2022 7:30PM
Sponsor	: VIDAL HEALTH INSURANCE TPA PVT. LTD.	Bed No	: PAED-2
Consultant	: Dr. Tania Mukherjee	Contact No.	: 9064536442
Address	: BIDHANNAGAR DURGAPUR, DURGAPUR, West Bengal, INDIA, 713206		

DIAGNOSIS :

RHINOSINUSITIS WITH NASAL OBSTRUCTION.

CHIEF COMPLAINT AND REASON FOR ADMISSION :

This 49-year-old female, presented with the complaints of headache & nasal obstruction.

ALLERGIES :

No known drug allergies.

PAST MEDICAL / SURGICAL HISTORY :

Not contributory

ON EXAMINATION :

No pallor, anaemia, icterus, clubbing, cyanosis, edema or lymphadenopathy. No raised JVP.

Vitals: BP: 130/80 mmHg, Pulse: 74/min, RR: 20/min, Temp: 96.8 degree F, SpO2: 98% in RA, CBG: 95 mg/dl.

HEENT: Headache & Nasal obstruction.

Chest: Bilateral air entry.

CVS: S1, S2 audible. No murmur.

Abdomen: Soft, non-tender.

Extremities: Warm.

CNS: No neurological deficit. Conscious and oriented.

COURSE IN THE HOSPITAL :

After proper workup and investigations, the patient was taken up for the surgery. PAC was obtained prior to the surgery.

PROCEDURE PLANNED : Left Medial Maxillary Antrostomy + Left Sinonasal mass excision + Adenoid ablation under GA

PROCEDURE PERFORMED : Left Medial Maxillary Antrostomy + Left Sinonasal mass excision m + Adenoid ablation +

A Unit of Parashmani Medical Centre Pvt. Ltd.

Address : Plot No. C-49, Commercial Area, Opp. ESIC Regional Office, City Centre, Durgapur-713216, Dist. : Paschim Bardhaman, West Bengal, India
Website : www.healthworldhospitals.com Email : info@healthworldhospitals.com CIN : U85100WB2014PTC201736 PAN : AAHCP6873G
Print Date & Time : 30/03/2022 13:46 For any query, Pl. Call : 8170055555 / 8170044444 / 8170033333



Patient Name : Mrs. Chhanda Bandopadhyay

UHID : 230785

Septal reconstruction.

DATE OF PROCEDURE : 28.03.2022

ANAESTHESIA : GA.

ANAESTHESIOLOGIST : Dr. Manoj Kumar Sahoo.

PRIMARY SURGEON : Dr. Tania Mukherjee

FINDINGS & PROCEDURE IN DETAILS : Uncinectomy done->Maxillary sinus widened-> by Denker's method (Modified) Polyp taken out-> Polyp & allergic mucin taken out. Muddy materials taken out from left maxillary sinuses. Poly removed from ethmoid sinuses. Bony portion of nasal septum trimmed after removing mucoperiosteum bilaterally. Flap cover given. Adenoid ablation done via dissection method.

BLOOD LOSS : Minimal.

POST-OP STATUS : Hemodynamically stable.

POST OPERATIVE PERIOD : Uneventful.

CONDITION AT THE TIME OF DISCHARGE : Stable

ADVICE AT THE TIME OF DISCHARGE :

ACTIVITIES : As tolerable.

DIET : Normal diet.

MEDICATION :

- Tab AUGMENTIN 625 mg one tablet thrice daily for 07 days.
- Tab PCM 1000 mg one tablet twice daily for 07 days.
- Tab ALLEGRA - M one tablet once daily after dinner for 10 days .
- NASIVION - A nasal drop 02 drops thrice daily for 07 days.
- SOLSPRE nasal spray 08 times daily in both nostrils for 10 days.

OTHERS :

A Unit of Parashmani Medical Centre Pvt. Ltd.

Address : Plot No. C-49, Commercial Area, Opp. ESIC Regional Office, City Centre, Durgapur-713216, Dist. : Paschim Bardhaman, West Bengal, India
Website : www.healthworldhospitals.com
For any query, Pl. Call : 8170055555 / 8170066660 / 0343-2547755; For Ambulance, Call : 8170052660
For Blood Collection from Home, Contact : 8170052815 (Durgapur), 8170052700 (Asansol), 8170052680 (Dhanbad)



Patient Name : Mrs. Chhanda Bandopadhyay

UHID

: 230785

- Steam inhalation twice daily.
- Continue medication for Diabetes Mellitus / Hypertension / Thyroid / any other Medication if any as previously.

FOLLOWUP :

- To attend at the ENT OPD after 07 days with biopsy report / SOS.

WHEN AND HOW TO OBTAIN URGENT CARE :

To attend at the Emergency Department if symptoms persists, or if there is fever, drug reaction, breathing difficulty, chest pain, abdominal pain, nausea/vomiting, headache, constipation/loose stools, urinary incontinence, etc.

To attend at the Emergency Department if there is loss of consciousness, seizures, convulsions, headache, nausea/vomiting, altered sensorium, gait disturbance, etc.

* In case of any emergency, contact - 8170052655 / 0343-2547755, for immediate assistance.

* For ENT OPD appointment, kindly Call - 8170052 803, between 04:00 p.m. - 07:00 p.m. (Mon - Sat).

** For Sample Collection From Home, Contact: 8170052815 (Durgapur), 8170052700 (Asansol), 8170052680 (Dhanbad)

**

Dr. Biswajit Banik,
MBBS, MS (ENT)
Senior Consultant
Regn No.: 29892 (DMC)

Dr. Tania Mukherjee,
MBBS, MS (ENT)
Consultant
Regn No.: 67914 (WBMC)

Dr. TANIA MUKHERJEE
MBBS, MS-ENT
Consultant
ENT

Discharge summary explained by: *Pulabi*

*30/03/22
at 3 PM*

Discharge summary received by: *Anandendu Banerjee*

*[Son 30/03/22
08:30 PM]*



THE ORIENTAL INSURANCE CO. LTD.

VIDAL HEALTH
THIRD PARTY ADMINISTRATOR

Card No : DEL-OI-H0351-017-0072695-C

Card Holder : Chhanda Bandopadhyay

Sex : F Age : 49 years

HCL TECHNOLOGIES LIMITED

Valid From : 01-Oct-2021

Emp SAP ID : 51898957

ELECTION COMMISSION OF INDIA

ভারতীয় নির্বাচন কমিশন

IDENTITY CARD
পরিচয় পত্র

WB/37/250/207055



Elector's Name

নির্বাচকের নাম
Father / Mother /
Husband's Name

Bandopadhyay Chhanda
বন্দ্যোপাধ্যায় ছন্দা
Tapas

পিতা/মাতা/স্বামীর নাম

Sex

লিঙ্গ

Age as on 1.1.1995

১.১.১৯৯৫ এ বয়স

তাপস

Female

স্ত্রী

20

২০

Address: Mouja: Jambedia

G.P.: Pirrabani

Thana: Gangajalghati

S. Div.: Sader

Dt: Bankura

ঠিকানা : মৌজা : জামবেদিয়া

গ্রাম পঃ : পিররাবনী

থানা : গঙ্গাজলঘাটি

মহঃ : সদর

জেলা : বাঁকুড়া

Facsimile Signature

Electoral Registration Officer

নির্বাচক-নিবন্ধন আধিকারিক

For

Borjora Assembly Constituency

বড়জোড়া বিধানসভা নির্বাচন ক্ষেত্র

Place

Bankura

Date

28/02/95

স্থান

বাঁকুড়া

তারিখ

২৮/০২/৯৫

Bill of Supply - OP - Cash Bill cum Receipt

Billed To :

Bill No : OPCA22/211031
UHID : 230785
Patient Name : MRS. CHHANDA BANDOPADHYAY
Gender/Age : Female/49 Yr 3 Mth 25 Days
Contact No : 9064536442
Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Shipped To (Place Of Supply)
Healthworld Hospitals, Durgapur
Bill Date Time : 24/03/2022 12:07PM
Payer : Cash
Payer Address : DURGAPUR West Bengal
Payer GSTIN :
Sponsor : Cash
Presc. Doctor : Dr. Manoj Kumar Sahoo
Lab No :

Referred By : Tania Mukherjee/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	Pre Anesthesia Consultation (Dr. Manoj Kumar Sahoo)	500.00	1.00	500.00	0.00	500.00	500.00	0.00
2	REGISTRATION CHARGES	100.00	1.00	100.00	0.00	100.00	100.00	0.00
Gross Amount							600.00	
Net Amount							600.00	
Payer Amount							0.00	
Patient Amount							600.00	
Amt Received (Rs.)							600.00	

By Debit Card: 600.00 ICICI 1002

Amount Received in words (Rs.) Six Hundred Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory

Registration charge is not refundable.

All patient reports are confidential and are revealed to the patient or his/her authorized representative only.

Printed By: silpa

Prepared By: Silpa Das

Printed Date: 24/03/2022 12:07 PM

(1/1)



Durgapur City Hospital & Clinic Pvt. Ltd.

A MULTI SPECIALITY HOSPITAL

4th & 5th Street, Central Park (Doctor's Colony) City Center, Durgapur-713216
Ph.No.: (0343) 2546600 Fax No.: (0343) 2543980. e-mail: me.cityclinic@rediffmail.com

ISO 9001:2

GST NO: 19AACCD4803H1ZT REG.NO.: 34823967 (2020-2023)
(Erstwhile Known as Durgapur City Clinic & Nursing Home Pvt. Ltd.) *Corporate Identity Number :U85110WB1995PTC068120

OPD Receipt

Receipt No. : 30424
UHID No. : 40708
Patient Name : Mrs. CHHANDA BANDOPADHYAY
Consultant Name : DR. TANIA MUKHERJEE
Holder Name/Card No. : 7523

Date & Time : 21/Mar/2022 17:46
OPD No. : 27714
Age/Sex : 49 Years/Female
Valid Upto : 21/Mar/2022
Serial No. : 5

Charge Name

Charge Name	Amount
OPD CONSULTATION FEE	500.00
OPD BOOKING FEE	50.00

Payment Mode : Card

Gross Total : 550.00
Net Amount : 550.00

Prepared By : MOUSUMI

Durgapur City Hospital & Clinic Pvt. Ltd.

Authorized Signatory

Printed on 21/Mar/2022 17:48



Bill of Supply - OP - Cash Bill cum Receipt

Billed To :

Shipped To (Place Of Supply)

Bill No : OPCA22/207123

Healthworld Hospitals, Durgapur

UHID : 230785

Bill Date Time : 17/03/2022 7:59AM

Patient Name : MRS. CHHANDA BANDOPADHYAY

Payer : Cash

Gender/Age : Female/49 Yr 3 Mth 18 Days

Payer Address : DURGAPUR West Bengal

Contact No : 9064536442

Payer GSTIN :

Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Sponsor : Cash

Presc. Doctor : Dr. Tania Mukherjee

Lab No : 841460

Referred By : Self

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	CT SCAN - CECT PNS (PARA NASAL SINUS),	5200.00	1.00	5200.00	0.00	5200.00	5200.00	0.00

Gross Amount	5200.00
Net Amount	5200.00
Payer Amount	0.00
Patient Amount	5200.00
Amt Received (Rs.)	5200.00

Report Despatched

By Debit Card: 5200.00 ICICI 7523

Amount Received in words (Rs.) Five Thousand Two Hundred Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : UBS100WB2014PTC201736

Bank Details:

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory

**Bill of Supply - OP - Cash Bill cum Receipt****Billed To :****Shipped To (Place Of Supply)**

Bill No : OPCA22/195962

Healthworld Hospitals, Durgapur

UHD : 230785

Bill Date Time : 28/02/2022 10:47AM

Patient Name : MRS. CHHANDA BANDOPADHYAY

Payer : Cash

Gender/Age : Female/49 Yr 3 Mth 1 Days

Payer Address : DURGAPUR West Bengal

Contact No : 9064536442

Payer GSTIN :

Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Sponsor : Cash

Presc. Doctor : Dr. Self

Lab No : 829128

Referred By : Self/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	Total T4 (Thyroxine)	350.00	1.00	350.00	0.00	350.00	350.00	0.00
Gross Amount								350.00
Net Amount								350.00
Payer Amount								0.00
Patient Amount								350.00
Amt Received (Rs.)								350.00

Report Despatched

By Cash: 350.00

Amount Received in words (Rs.) Three Hundred Fifty Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory



Bill of Supply - OP - Cash Bill cum Receipt

Billed To :

Bill No : OPCA22/195811
UHID : 230785
Patient Name : MRS. CHHANDA BANDOPADHYAY
Gender/Age : Female/49 Yr 3 Mth 1 Days
Contact No : 9064536442
Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Shipped To (Place Of Supply)
Healthworld Hospitals, Durgapur
Bill Date Time : 28/02/2022 9:33AM
Payer : Cash
Payer Address : DURGAPUR West Bengal
Payer GSTIN :
Sponsor : Cash
Presc. Doctor : Dr. Self
Lab No : 829039

Referred By : Dr. S.k Roy/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	Serum Creatinine	160.00	1.00	160.00	0.00	160.00	160.00	0.00
2	Glucose Fasting [F]	100.00	1.00	100.00	0.00	100.00	100.00	0.00
3	Lipid Profile Basic [PANEL] (T.Chol,Tmg,HDL,LDL,VLDL)	750.00	1.00	750.00	0.00	750.00	750.00	0.00
4	Liver Function Test [Panel] (Bil-Total, Direct, Indirect, AST,ALT, ALK, GGT, Protein, alb, glob, A/G ratio)	750.00	1.00	750.00	0.00	750.00	750.00	0.00
5	Free T4 (Free Thyroxine)	400.00	1.00	400.00	0.00	400.00	400.00	0.00
6	Serum TSH (Thyroid Stimulating Hormone)	350.00	1.00	350.00	0.00	350.00	350.00	0.00
7	CBC (Complete Blood Count)	200.00	1.00	200.00	0.00	200.00	200.00	0.00

Gross Amount	2710.00
Net Amount	2710.00
Payer Amount	0.00
Patient Amount	2710.00
Amt Received (Rs.)	2710.00

Report Despatched

By Debit Card: 2710.00 ICICI 7523

Amount Received in words (Rs.) Two Thousand Seven Hundred Ten Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory



Bill of Supply - OP - Cash Bill cum Receipt

Billed To :

Bill No : OPCA22/195867
UHID : 230785
Patient Name : MRS. CHHANDA BANDOPADHYAY
Gender/Age : Female/49 Yr 3 Mth 1 Days
Contact No : 9064536442
Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Shipped To (Place Of Supply)

Healthworld Hospitals, Durgapur
Bill Date Time : 28/02/2022 10:00AM
Payer : Cash
Payer Address : DURGAPUR West Bengal
Payer GSTIN :
Sponsor : Cash
Presc. Doctor : Dr. Self
Lab No : 829076

Referred By : DR S.K. ROY, MD(CAL).CON PHYSICIAN/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	ECHOCARDIOGRAM WITH DOPPLER	2000.00	1.00	2000.00	0.00	2000.00	2000.00	0.00
2	HOLTER TEST ANALYSIS	2500.00	1.00	2500.00	0.00	2500.00	2500.00	0.00
3	EEG	1500.00	1.00	1500.00	0.00	1500.00	1500.00	0.00
4	CT SCAN - NCCT BRAIN /HEAD / SKULL	3000.00	1.00	3000.00	0.00	3000.00	3000.00	0.00
5	X-RAY: CHEST PA	300.00	1.00	300.00	0.00	300.00	300.00	0.00
6	USG - WHOLE ABDOMEN	1500.00	1.00	1500.00	0.00	1500.00	1500.00	0.00
Gross Amount							10800.00	
Net Amount							10800.00	
Payer Amount							0.00	
Patient Amount							10800.00	
Amt. Received (Rs.)							10800.00	

Report Despatched

By Debit Card: 10800.00 SBI 1627

Amount Received in words (Rs.) Ten Thousand Eight Hundred Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory

**Bill of Supply - OP - Cash Bill cum Receipt**

Billed To :

Bill No : OPCA22/212280

UHID : 230785

Patient Name : MRS. CHHANDA BANDOPADHYAY

Gender/Age : Female/49 Yr 3 Mth 27 Days

Contact No : 9064536442

Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Shipped To (Place Of Supply)

Healthworld Hospitals, Durgapur

Bill Date Time : 26/03/2022 10:52AM

Payer : Cash

Payer Address : DURGAPUR West Bengal

Payer GSTIN :

Sponsor : Cash

Presc. Doctor : Dr. Tania Mukherjee

Lab No : 847509

Referred By : Self/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	COVID 19 RTPCR (TRUENAT) (Throat/Nasopharyngeal swab)	1200.00	1.00	1200.00	0.00	1200.00	1200.00	0.00
Gross Amount							1200.00	
Net Amount							1200.00	
Payer Amount							0.00	
Patient Amount							1200.00	
Amt Received (Rs.)							1200.00	

By Debit Card: 1200.00 ICICI 1002

Amount Received in words (Rs.) One Thousand Two Hundred Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

For Healthworld Hospitals

Authorised Signatory

Durgapur City Hospital & Clinic Pvt. Ltd.

A MULTI SPECIALITY HOSPITAL

4th & 5th Street, Central Park (Doctor's Colony) City Center, Durgapur-713216
Ph.No.: (0343) 2546600 Fax No.: (0343) 2543980 e-mail-me.cityclinic@rediffmail.com
GST NO: 19AACCD4803H1ZT REG.NO.: 34823967 (2020-23)

ISO 9001:2008

(Erstwhile Known as Durgapur City Clinic & Nursing Home Pvt. Ltd.) *Corporate Identity Number :U85110WB1995PTC060120

OUT-Patient Bill

Receipt No. : 30478

UHID No. : 40708

Patient Name : Mrs. CHHANDA BANDOPADHYAY

Consultant Name : DR. TANIA MUKHERJEE

Ref.Doctor :

Sum of Rupees : Rs. Six Thousand Only

Date : 22/Mar/2022

Doc No. : 6504

OPD No : 27714

Age : 49 Years / Female

Service Name	Unit	Rate	Amount
Nasal Endoscopy	1.00	6,000.00	6000.00
Gross Total			6000.00
Net Amount			6000.00

Payment Mode Card

Durgapur City Hospital & Clinic Pvt. Ltd.

Prepared By : KAKALI DAS

Signature

Print / Date 20/03/2022 14:02

**Bill of Supply - OP - Cash Bill cum Receipt**

Billed To : 1

Shipped To (Place Of Supply)

Healthworld Hospitals, Durgapur

Bill No : OPCA22/209991

Bill Date Time : 23/03/2022 9:41AM

UHID : 230785

Payer : Cash

Patient Name : MRS. CHHANDA BANDOPADHYAY

Payer Address : DURGAPUR West Bengal

Gender/Age : Female/49 Yr 3 Mth 24 Days

Payer GSTIN :

Contact No : 9064536442

Sponsor : Cash

Address : DURGAPUR, DURGAPUR, West Bengal, INDIA, - 713206

Presc. Doctor : Dr. Tania Mukherjee

Lab No : 844971

Referred By : Self/

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	ECHOCARDIOGRAM WITH DOPPLER	2000.00	1.00	2000.00	0.00	2000.00	2000.00	0.00
2	ECG	200.00	1.00	200.00	0.00	200.00	200.00	0.00
3	Serum Creatinine	160.00	1.00	160.00	0.00	160.00	160.00	0.00
4	Glucose Fasting [F]	100.00	1.00	100.00	0.00	100.00	100.00	0.00
5	Serology Rapid Screening (HCV, HBSAG & HTV 1&2)	1000.00	1.00	1000.00	0.00	1000.00	1000.00	0.00
6	Serum Urea	200.00	1.00	200.00	0.00	200.00	200.00	0.00
7	Bleeding & Clotting Time (BT, CT, Blood)	200.00	1.00	200.00	0.00	200.00	200.00	0.00
8	X-RAY: CHEST PA	300.00	1.00	300.00	0.00	300.00	300.00	0.00

Gross Amount 4160.00

Net Amount 4160.00

Payer Amount 0.00

Patient Amount 4160.00

Amt Received (Rs.) 4160.00

Report Despatched

By Debit Card: 4160.00 ICICI 1002

Amount Received in words (Rs.) Four Thousand One Hundred Sixty Only.

Narration :

A Unit Of Parashmani Medical Centre Pvt. Ltd.

CIN : U85100WB2014PTC201736

For Healthworld Hospitals

Bank Details :

Bank Name : PUNJAB NATIONAL BANK

Bank A/C No. : 03041132000317

IFSC CODE : PUNB0030410

Branch : Durgapur Nachan Road

E. & O.E.

Authorized Signatory

TAX INVOICE-BILL CUM RECEIPT

Bill No	: OP/21-22/69580	Bill Date	: 31/03/2022 12:50PM
Patient Name	: MRS CHANDA BANDOPADHAY	UHID	:
Doctor	: Dr. Emergency Physician	Age/Gender	: 35 Year
Company Name	: Cash		

SNo	Particulars	Mfg Name	HSN Code	Batch	Expiry	Qty	Rtn Qty	MRP (₹)	Amount	Disc Amt	Tax able Amt	SGST%	SGST Amount	CGST%	CGST Amount	Net Amount
1	NASTIVION ADULT SPRAY	MERCK	30049069	8-2003C94501	30/11/2024	1	0	91.83	91.83	4.59	77.90	6	4.67	6	4.67	87.24
2	SOLSPRE SALINE NASAL SPRAY 100ML	ABBOT	30049029	8-PTG0022	30/06/2024	1	0	399.00	399.00	19.95	338.43	6	20.31	6	20.31	379.05
TOTAL						2	0		490.83	24.54	416.33		24.98		24.98	466.29

Mode Name	Amount
Cash	466.00

Gross Amount :	490.83
Discount Amt :	24.54
Return Amt :	0.00
Round off Amt :	-0.29
Net Amount :	466.00



Signature

Issued By : Sanjoy Das

Get Well Soon !

* Goods once sold cannot be taken back or exchanged if partially used. Unpacked or Unsealed goods / medicines will not be accepted
* For any exchange or return of medicines, original invoice is mandatory

Prepared By : Sanjoy Das

Printed By : Sanjoy Das

Printed On : 31/03/2022 12:49 PM

1 of 1

No.

028

Date : 15/3/22

APOLLO LABORATORY

RG - 8, APOLLO AVENUE

(Near Pump House Bus Stop)

BIDHANNAGAR, DURGAPUR - 713212 ☎ : 253-5937

Received with thanks from :

Sri / Smt Chanda Bandopadhyay 42/A

Sample Received : IgE, ACE, CRE, CRP, Ur/Gl

Received Rupees

One thousand Six hundred Fifty

₹ 1650.00

APOLLO LABORATORY
RG/8, Apollo Avenue
Bidhannagar, Durgapur-12

Signature

15/3/22

Mob.: 7047805213

6294863072
6296084165

(CHEMIST & DRUGGIST)

SHRISTY PHARMACY

NEW MARKET, RABINDRA NAGAR, BIDHANNAGAR, DURGAPUR-6



Licence No. : WB/BDN/BIOW/232896 & WB/BDN/NBOW/232896

Name Chhanda Bandopadhyay

Address

Prescribed by *Tavia mukherjee*

Date 30/03/2022

[illegible]

Please get your Medicines checked by your doctor before use

TOTAL	675.
-------	------

Rupees in words

Six hundred Seventy five Rupees only.

E. O. E.

THURSDAY CLOSED

Please visit again

Sign. of Pharmacist / Qtd. Person

No.

CASH MEMO/PRESCRIPTION REGISTER

Mobile : 8250598413
: 9333859190

Whats App : 7679506424



5937

CITY MEDICINE HALL

CHEMIST & DRUGGIST

CS-10, CENTRAL MARKET, CITY CENTRE, DURGAPUR-713216 (NEAR ADDA OFFICE)

D.L. NO. : WB / BDN / NBO / BIO / R / 199714

GSTIN : 19ALAPA0085E1Z0

Patients Name

Chhanda Bandopadhyay

Address

Prescribed by Dr Tania Mukherjee

Qty.	DESCRIPTION	Mfg. Name	Batch No.	Exp. Date	Rs.	P.
(6PC)	h/avo 500		PM0AP00	8/23	54 =	0
(4PC)	Wysolone 20mg		FE1022	8/23	19 =	0
(4PC)	Damez DSR		2103439	10/23	86 =	0
(1PC)	Azezio Nasal Spray		210915V	11/23	382 =	0
(10PC)	Loxone 1 Plus		AA7LEAT	11/24	83 =	0

Please get your Medicines checked by your Doctor before use

Date 31/08/2022

Wednesday Closed

E. & Q. E.

For Signature of Ph.

٧٧
٧٨
٧٩
٨٠

Mobile : 8250598413

: 9333859190

Whats App : 7679506424



CITY MEDICINE HALL

CHEMIST & DRUGGIST

CHEMIST & DRUGGIST

CS-10, CENTRAL MARKET, CITY CENTRE, DURGAPUR-713216 (NEAR ADDA OFFICE)

D.L. NO.: WB / BDN / NBO / BIO / R / 199714

GSTIN : 19ALAPA0085E1ZO

Patients Name.

Chanda Bandopadhyay

Address _____

Prescribed by Dr. Pabla Mukherjee

[illegible]

Rupees in words.

English

three

2/10/20

Please get your medicines checked by your Doctor before use.

Date 31/08/2002

Wednesday Closed

For Signature of Ph.

E. & O. E.

In-patient bill (Details)

GSTIN : 19AAHCP6873G1ZW

I.P. No. : 22/5291
UHID : 230785
Patient Name : MRS. CHHANDA BANDOPADHYAY
Gender/Age : Female/49 Yr 4 Mth 3 Days
Contact No : 9064536442
Address : BIDHANNAGAR DURGAPUR, DURGAPUR
Payer : VIDAL HEALTH INSURANCE TPA PVT. LTD.
Sponsor : VIDAL HEALTH INSURANCE TPA PVT. LTD.
Payer GSTIN :

Original Bill No. : IPCR22/22311
Bill Date : 30/03/2022 07:51 PM
Consultant : Dr. Tania Mukherjee
Adm. Category : General Ward Bed **
D.O.A : 27/03/2022 17:03
D.O.D : 30/03/2022 19:47
Bed No/Ward : PAED-2/Paediatric Ward 4F
Dis. Category : General Ward Bed **
SAC Code : 9993

Date	Particulars	Rate	Qty	Disc Amt	Amount
Hospital Service Charges					
27/03/2022	Medical Record Charges (MRD)	200.00	1.00	0.00	200.00
Total for Hospital Service Charges					200.00
ENT					
28/03/2022	Medial Maxillary Antrostomy + Sinonasal Mass Excision + Adenoid Ablation (PKG)	175000.00	1.00	21000.00	154000.00
Total for ENT					154000.00
Bill Not Settled					Total Amount
					175200.00
					Discount Amount (-)
					21000.00
					Net Amount
					154200.00
					Amount Received Rs. (-)
					31000.00
					Amount To Be Received (Rs.)
					123200.00

Advance/Payment Details

Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode
AD22/42919(Settled)	30/03/2022 19:47	31000.00	31000.00	Debit Card,31000.00

Patient's /Attendant's Signature

Authorised Signatory



 भारत सरकार
Government of India




Mohuya Banerjee
DOB : 28/03/1995
Female




9064 9045 7136


आधार - आम आदमी का अधिकार


 आम आदमी
भारतीय पहचान प्रमाण प्रधिकरण
Unique Identification Authority of India

Address
D/O: Tapas Kumar Banerjee, Jambheda, Bankura, Kapiata,
West Bengal, 722133

9064 9045 7136

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in