

Prescriptions

Dr. Anil Kumar Jangid
 Consultant Physician
 Cardiology & Diabetes Specialist
 M.B.B.S., MD (Gen. Medicine), PGDIEC, PGDID, MAPI
 Reg. No. RMC MBBS-21466/MD-9089



डॉ. अनिल कुमार जांगिड़
 (फिजियोथेरेपी एवं डायबिटीज एवं हृदय रोग विशेषज्ञ)
 कनिस्ट विशेषज्ञ (मेडिसिन)
 प्रभारी गहन विकल्प इकाई (ICU)
 प्रभारी जिला डॉकलिसिस केन्द्र
 जिला नोडल ऑफिसर राष्ट्रीय वायरल हिपेटाइटिस कन्ट्रोल प्रायाम
 प० बृजसुन्दर शर्मा राजकीय सामान्य विकासालय, बृद्धी

103608
5/11/23

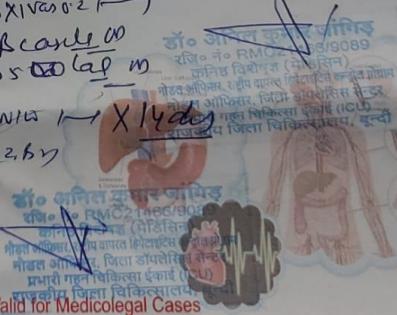
Patient Name Karan Singh Age 57 Sex M Address Bundi

Date 5/11/23

R_X

- ① □ Glazid MR 60 mg m
- ② ○ NovoLog 100 Units 3-4,
(Biphasic) 6 Units 80 mg m } ④
- ③ □ Tezcanibang 100
(Captopril) m
- ④ ○ Voriconazole 200 m
- ⑤ ○ Steras 16 mg m
- ⑥ ○ Dmgl 600 mg m } ④ } X30d^g
- □ Telplus 1 →
- □ MOXIVAC 21 →
- □ Beclometh 100
Dose 500 mg m

CAMPICIN 7X7g
NITROKANNA 1 → X 14 days
SUCAPYL 2.6g



नोट :

- परामर्श हेतु पूर्ण रजिस्ट्रेशन नं. नं. 7023014820 पर करावें।
- रजिस्ट्रेशन उक्त नम्बर पर उसी दिन (Same Day) प्रातः 7:00 बजे करावें।
- केवल अपोइन्मेंट लेकर ही आवें।
- आपातकालीन स्थिति में सरकारी अस्पताल पं.बृ.सु. शर्मा सामा. चिकि. बृद्धी में आपातकालीन विभाग में दिखावें।

Not Valid for Medico-legal Cases

निवास : प्लॉट नं. 6, शिवम कॉलोनी, होटल ग्राण्ड परमेश्वरी के पास, बृद्धी-323001 (राज.)



MSR Nagar, MSR
Bangalore, 560054
Website: www.msrmh.com
For Appointment - 08040503022
Ph No: 08023609999
Email - contact@msrmh.com

Prescription Form

UHID : MH00882622
Patient Name : KARUNA MAHAJAN
Address : 'MOTHI SHARADHALAYA' HOUSE NO 1, 8TH
CROSS, 2ND MAIN ROAD, MSR NAGAR,
Gender : MATHIKERE BANGLORE 560054.
Age : 55yrs 10mon 11dys
Known Drug Allergies : No

Consultant Name : GANAVI Y P
Department Name : Endocrinology
Date&Time : 4/7/2023 3:10:44PM

Rx	Sl.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
	1	TRAJENTA 5 MG TABS 5 TABS per units LINAGLIPTIN	Oral (1-0-0 JUST BEFORE FOOD)	Once a Day	30 Days	30
	2	VOGLINORM-M 0.3 TAB 0.3 TABS per units VOGLIBOSE&METFORMIN HCL	Oral (1-0-0 WITH FOOD)	Once a Day	30 Days	30
	3	NOVOMIX 30 FLEXPEN 3 ML INJ	Subcutaneous (0-0-11 SC 5 MINUTES BEFORE FOOD)	Once a Day	30 Days	1
	4	D500CAL TABS CALCIUM & VITAMIN D3	Oral (0-0-1)	Once a Day	30 Days	30
	5	D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral	Once in a Month	6 Days	6
	6	STORVAS 10MG TABS 10 TABS per units ATORVASTATIN	Oral (0-0-1 BED TIME)	Once a Day	30 Days	30

Follow up Date:

3. Tab. hly w mst sr 500 mg 001 after food

Dispensed By
Pharmacist Seal&Sign:

DR. GANAVI Y.P.
Associate Professor
Department of Endocrinology
Ramachandra Memorial Institute of Health Sciences & Hospital
Signature: Doctor Name
Dr. GANAVI Y P

KMC No:
Endocrinology



MSR Nagar, MSRIT Post., New BEL Road,
Bangalore, 560054
Website: www.msrmh.com
For Appointment - 08040503022
Ph No. 08023609999
Email - contact@msrmh.com

Prescription Form

UHID : MH00882622
Patient Name : KARUNA MAHAJAN
Address : 'MOTHI SHARADHALAYA' HOUSE NO 1, 8TH CROSS, 2ND MAIN ROAD, MSR NAGAR,
Gender : MATHIKERE BANGLORE 560054.
Age : 56yrs 1mon 8days
Known Drug Allergies : No

Consultant Name : GANAVI Y P
Department Name : Endocrinology
Date&Time : 7/4/2023 1:31:32PM

Rx

Sl. Rx

Sl.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
1 3	GLIZID M XR 60 TABS GLICLAZIDE / METFORMIN HCL ER	Oral (0-0-1 before food)	Once a Day	90 Days	90
2 *	NOVOMIX 30 PENFILL 3ML BIPHASIC INSULIN	Subcutaneous (0-0-6 cc 5 minutes before food)	Once a Day	30 Days	1
3 3	TRAJENTA 5 MG TABS 5 TABS per units LINAGLITPIN	Oral (1-0-0 just before food)	Once a Day	90 Days	90
4 2	VOGLINORM-M 0.3 TAB 0.3 TABS per units VOGLIBOSE&METFORMIN HCL	Oral (1-0-0 with food)	Once a Day	90 Days	90
5 *	STORVAS 10MG TABS 10 TABS per units ATORVASTATIN	Oral (0-0-1 bed time)	Once a Day	90 Days	90
6 4	D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral	Once in a Month	6 Days	6

Follow up Date:

T. ULTRACET 80S - (5)

Syp. SUCRALFYL 24P

101 - (1)

DR. GANAVI Y.P.
Assistant Professor
Department of Endocrinology
Ramaiah Medical College
Signature: 93808

Dr. GANAVI Y P

KMC No:
Endocrinology

Dispensed By
Pharmacist Seal & Sign:

Dr. Anil Kumar Jangid

Consultant Physician
Cardiology & Diabetes Specialist
M.B.B.S., MD (Gen. Medicine), PGDIEC, PGDID, MAPI
Reg. No. RMC MBBS-21466/MD-9089



डॉ. अनिल कुमार जांगिड

(किंजिशियन एवं डायबिटीज एंड इंद्रिय रोग विशेषज्ञ)

कनिंह विशेषज्ञ (मेडिसिन)

प्रभारी गहन विकिसा इकाई (ICU)

प्रभारी जिला डायबिटीस केंद्र

जिला नीडल अधिकारी गटीय वायरल हिपोड्राटिस कन्ट्रोल प्रायाम

पं० बुजसुन्दर शर्मा राजकीय सामान्य विकासालय, बून्दी

10/29/2

31/5/23

Patient Name

Kasunai mHojan

Age

56

Sex

HF

Address

Bundi

Rx

SI

Date 31/5/23

Rx Hm/DM

① Ondero 5mg PO

② Venlafaxine 0.3 I—.

③ Glimepiride SR 20?

④ Novorox 50/100 mg PO

11 IV Red M.

⑤ I.v. 500 ml 10am

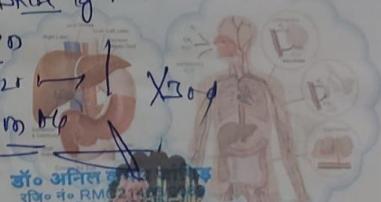
⑥ → Dr. Dr. Caly

⑦ Dexamethasone 4mg IV

I. Topical B.P.

Moxibustion

Cepapar 10 ml



नोट :

- पटामरी हेतु पूर्ण रजिस्ट्रेशन मो. नं. 7023014820 पर करायें।
- रजिस्ट्रेशन उक्त नवार पर उसी दिन (Same Day) प्रातः 7.00 बजे करायें।
- कंबल अपोइन्मेंट लेकर ही आयें।
- आपातकालीन रिथर्टि में सरकारी अस्पताल पं.बृ.सु. शर्मा सामा. विकि. बून्दी में आपातकालीन विभाग में दिखायें।

Not Valid for Medical Legal Case

निवास : प्लॉट नं. 6, शिवम् कॉलोनी, होटल ग्राण्ड परमेश्वरी के पास, बून्दी-323001 (राज.)

इंद्रिय रोग एवं उच्च रक्तचाप, मधुमेह (Diabetes) आयराइड एवं अन्य हार्मोन सम्बन्धी बीमारी, गाहुगैन रिह दर्द एवं नसों में रेखाचाव, लकवा, मानसिक रोग, घेट एवं लीवर सम्बन्धी बीमारी गृदंग में पथरी एवं अन्य गुदंग सम्बन्धी बीमारी, UTI (वेशाव की नलों में संक्रमण) एवं प्रास्टट सम्बन्धी बीमारी, दमा (अस्थमा), C.O.P.D. रखास में तकलीफ एवं छाती सम्बन्धी रोग, गलिया

Concierge Refill

Dr. Anil Kumar Jangid

Consultant Physician
Cardiology & Diabetes Specialist
M.B.B.S., MD (Gen. Medicine), PGDIEC, PGDID, MAPI
Reg. No. RMC MBBS-21466/MD-9089



डॉ. अनिल कुमार जांगिड़
(फिजिशियन एवं डायबिटीज एंड इवर रोग विशेषज्ञ)
कनिष्ठ विशेषज्ञ (मेडिसिन)
प्रभारी गहन विकिरण ईकाई (ICU)
प्रभारी वित्त डिप्लोमेस केन्द्र
जिला नोडल अफिसर राष्ट्रीय वायपल हिपोटाइटिक कन्ट्रोल प्रोग्राम
पं० बृजसुन्दर शर्मा राजकीय सामान्य विकासालय, बून्दी

10/29/2023

Patient Name Kartika Mahajan Age 56 Sex HL Address _____

Rx 

डॉ. अनिल कुमार जांगिड़
राज. नं. RMC 21466/9089
कनिष्ठ विशेषज्ञ (मेडिसिन)
नोडल अफिसर, राष्ट्रीय वायपल हिपोटाइटिक कन्ट्रोल प्रोग्राम
प्रभारी गहन विकिरण ईकाई (ICU)
राजकीय वित्त डिप्लोमेस केन्द्र
बृजसुन्दर शर्मा विकासालय, बून्दी

by Mukesh
4 flwg vofletum
Vfletum

Date 21/12/23
P.O. HN/OM

To Vaginorm 0.3 → X30

Rest Rx Continue same



डॉ. अनिल कुमार जांगिड़
राज. नं. RMC 21466/9089
कनिष्ठ विशेषज्ञ (मेडिसिन)
नोडल अफिसर, राष्ट्रीय वायपल हिपोटाइटिक कन्ट्रोल प्रोग्राम
प्रभारी गहन विकिरण ईकाई (ICU)
राजकीय वित्त डिप्लोमेस केन्द्र
बृजसुन्दर शर्मा विकासालय, बून्दी




नोट :

- परामर्श हेतु पूर्ण रजिस्ट्रेशन नं. नं. 7023014820 पर करावे।
- रजिस्ट्रेशन उक्त नम्बर पर उसी दिन (Same Day) प्रातः 7.00 बजे करावे।
- केवल अपोइन्मेंट लेकर ही आवेदन।
- आपातकालीन स्थिति में सरकारी अस्पताल पं. बृ. सु. शर्मा सामा. चिकि. बून्दी में आपातकालीन विभाग में दिखावे।

Not Valid for Medicolegal Cases

निवास : प्लॉट नं. 6, शिवम कॉलोनी, होटल ग्रांड परमेश्वरी के पास, बून्दी-323001 (राज.)

हृदय रोग एवं उच्च रक्तचाप, मधुमेह (Diabetes) वायराइड एवं अच्युतानन्दी बीमारी, माइक्रो रिसर वर्ट एवं नरों में खिचाव, लकवा, मालसिक रोग, पेट एवं लीवर सम्बन्धी बीमारी गृह में पथराए एवं अन्य मुद्दे सम्बन्धी बीमारी, UTI (पश्चाव की नली में संक्रमण) एवं प्रोस्टेट सम्बन्धी बीमारी, दमा (अस्थमा), C.O.P.D. इत्यादि में तकलीफ एवं छाली सम्बन्धी रोग, गठिया रोग एवं जोड़ में दर्द, चम्प रोग एवं दाद खुजली, Sexually Transmitted Disease, एनीमिया (खून की कमी), डिप्रेशन हेतु विशेष परामर्श।

Prescription Form

UHID : MH00882022
 Patient Name : KARUNA MAHAJAN
 Address : 'MOTHI SHARADHALAYA' HOUSE NO 1, 8TH CROSS, 2ND MAIN ROAD, MSR NAGAR,
 Gender : MATHIKERE BANGLORE 560054.
 Age : 55yrs 8mon 15days
 Known Drug Allergies : No

MSR Nagar, MSR11 Post,
 Bangalore, 560054
 Website: www.msrmh.com
 For Appointment - 08040503022
 Ph No 08023609999
 Email - contact@msrmh.com

Consultant Name : GANAVI Y P
 Department Name : Endocrinology
 Date&Time : 11/02/2023 03:37PM

4-2-0
008

Rx	SI.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
1		TRAJENTA 5 MG TABS 5 TABS per units LINAGLIPITIN	Oral (1-0-0 just before food)	Once a Day	90 Days	90
2		GLYCOMET 500 SR TABS 1 TABS per units METFORMIN HCL SR	Oral (0-0-1 after food)	Once a Day	90 Days	90
3		NOVOMIX 30 PENFILL 3ML	Subcutaneous (0-0-1 sc 5 minutes before food)	Twice a Day	30 Days	1
4		NOVORAPID PENFILL 100U/ML 3ML	Subcutaneous (5-3-0 sc 5 minutes before food)	Twice a Day	30 Days	1
5		D500CAL TABS CALCIUM & VITAMIN D3	Oral (0-0-1)	Once a Day	90 Days	90
6		D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral	Once in a Month	6 Days	6
7		STORVAS 10MG TABS 10 TABS per units ATORVASTATIN	Oral (0-0-1 bed time)	Once a Day	90 Days	90
8		Tab. CIPROX 500 MG 100 mg	1-0-0	70 days.		

Dispensed By
Pharmacist Seal&Sign:

Doctor Name
Dr. GANAVI Y P

KMC No:
Endocrinology

C 70 - 4 U.P.
K 90 - 2 U.P

> 180 - 20 ↑



MSR Nagar, MSRIT Post, New BEL Road

MSR Nagar, MSRIT Post,, New BEL Road,
Bangalore,560054
Website:www.msrmh.com
For Appointment - 08040503022
Ph No:08023609999
Email - contact@msrmh.com

Prescription Form

UHID : MH00882622
Patient Name : KARUNA MAHAJAN
Address : 'MOTHI SHARADHALAYA' HOUSE NO 1, 8TH
CROSS, 2ND MAIN ROAD, MSR NAGAR,
Karnataka BANGLORE 560054.,
Gender : FEMALE
Age : 55yrs 10mon 7dys
Known Drug Allergies : No

Consultant Name : GANAVI Y P
Department Name : Endocrinology
Date&Time : 4/3/2023 4:44:01PM

Rx Sl.	Sl.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
	1	TRAJENTA 5 MG TABS 5 TABS per units LINAGLITPIN	Oral (1-0-0 just before food)	Once a Day	90 Days	90
	2	GLYCOMET 500 SR TABS 1 TABS per units METFORMIN HCL SR	Oral (0-0-1 after food)	Once a Day	90 Days	90
	3	NOVOMIX 30 PENFILL 3ML	Subcutaneous (0-0-11 sc 5 minutes before food)	Once a Day	30 Days	1
	4	NOVORAPID FLEXPEN 3ML INJ	Subcutaneous (4-2-0 sc 5 minutes before food)	Once a Day	90 Days	1
	5	D500CAL TABS CALCIUM & VITAMIN D3	Oral (0-1-0)	Once a Day	90 Days	90
	6	D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral	Once in a Month	6 Days	6
	7	STORVAS 10MG TABS 10 TABS per units ATORVASTATIN	Oral (0-0-1 bed time)	Once a Day	90 Days	90

Glucose D powder S+P SOS if GRAS & To my

Dispensed By
Pharmacist Seal&Sign:

Doctor Name
Signature: Dr. GANAVI Y P
KMC No:
Endocrinology



MSR Nagar, MSRIT Post., New BEL Road,
Bangalore, 560054
Website: www.msrmh.com
For Appointment - 08040503022
Ph No: 08023609999
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Prescription Form

UHID : MH00882622
Patient Name : KARUNA MAHAJAN
Address : 'MOTHI SHRADHALAYA' HOUSE NO 1, 8TH
CROSS, 2ND MAIN ROAD, MSR NAGAR,
Gender : MATHUKERE BANGLORE 560054,,
Age : 55yrs 3mon 14days
Known Drug Allergies : No

Rx

Sl.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
1	NOVORAPID PENFILL 100U/ML 3ML <i>(Flex pen)</i>	Subcutaneous (13-16-0 SC 5 MINUTES BEFORE FOOD)	Twice a Day	30 Days	1
2	NOVOMIX 30 PENFILL 3ML	Subcutaneous (0-0-26 SC 5 MINUTES BEFORE FOOD)	Once a Day	30 Days	1
3	TRAJENTA 5 MG TABS 5 TABS per units LINAagliptin	Oral (1-0-0 JUST BEFORE FOOD)	Once a Day	30 Days	30
4	THYROX-50 MCG TABS 50 TABS per units THYROXINE SODIUM	Oral (1-0-0 6AM)	Once a Day	60 Days	1
5	D500CAL TABS CALCIUM & VITAMIN D3	Oral (0-1-0)	Once a Day	30 Days	30
6	D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral (ONCE A WEEK FOR 7 WEEKS FOLLOWED BY ONCE A MONTH)	Once in a Week	7 Days	10
7	OROFER-XT TABS FERROUS ASCORBATE & FOLIC ACID	Oral (0-0-1)	Once a Day	30 Days	30

Dispensed By
Pharmacist Seal&Sign:

Doctor Name
Signature:
Dr. GANAVI Y P

KMC No:
Endocrinology



MSR Nagar, MSRIT Post., New BEL Road,
Bangalore, 560054
Website: www.msrmh.com
For Appointment - 08040503022
Ph No: 08023609999
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Prescription Form

UHID : MH00882622
Patient Name : KARUNA MAHAJAN
Address : 'MOTHI SHARADHALAYA' HOUSE NO 1, 8TH
CROSS, 2ND MAIN ROAD, MSR NAGAR,
Gender : FEMALE
Age : 55yrs 3mon 1dys
Known Drug Allergies : No

Consultant Name : GANAVI Y P
Department Name : Endocrinology
Date&Time : 27/08/2022 01:57PM

Rx

Sl.No	Generic Name /Dose/Form	Route / Instruction	Frequency	Duration	Quantity
1	REMO 100 MG TABS REMOGLIFLOZIN ETABONATE	Oral (1-0-0)	Once a Day	30 Days	30
2	ISTAMET 50 / 500 MG TABS 1 TABS per units SITAGLIPTIN PHOSPHATE & METFORMIN HCL	Oral (0-0-1 just before food)	Once a Day	30 Days	30
3	ROSVAS 5MG TABS 5 TABS per units ROSUVASTATIN CALCIUM	Oral (0-0-1 bed time)	Once a Day	30 Days	30
4	THYROX-50 MCG TABS 50 TABS per units THYROXINE SODIUM	Oral (1-0-0 6am)	Once a Day	30 Days	1
5	D-RISE GRANULES 1GM CHOLECALCIFEROL	Oral (once a week for 8 weeks followed by once a month)	Once in a Week	8 Days	12

Follow up Date:

Anti hypoglycemics to be continued
To follow up in 8 weeks / cancellations for review
of andha

6. Tab. DROFER XT 001.

Dispensed By
Pharmacist Seal&Sign:

DR. GANAVI Y.P.
Assistant Professor
Department of Endocrinology
Ramaiah Medical College & Hospitals
KMC No: 93808

Doctor Name:
Signature: Dr. GANAVI Y P

KMC No:
Endocrinology

Patient Name : MOTTI SHARADHALAYA' HOUSE NO 1, 8TH CROSS, 2ND MAIN ROAD, MSR NAGAR, Address : MATTIKERE BANGLORE 560054., Age : 55yrs 3mon 14dys		Department Name : Endocrinology Date&Time : 10/09/2022 12:39PM		
Known Drug Allergies : No				
8	STORVAS 10 MG TABS 10 TABS per units ATORVASTATIN	Oral (0-0-1)	Once a Day	30 Days
Follow up Date:				
<p>lycum D powder 3 tsp SOS if ARBS long</p> <p>Review on 12/9/22 at SMBG</p> <p>SAT ISABUL HUK 2tsp 001 at 1 glass of.</p>				
Dispensed By Pharmacist Seal&Sign:		<p>Dr. GANAVI Y.P. Assistant Professor Department of Endocrinology Raniprakash Medical College & Hospitals KMC No: Doctor Name Signature: Dr. GANAVI Y P</p> <p>KMC No: Endocrinology</p>		

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3572155
VISIT ID: OP04489212
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 922921
DEPARTMENT: Nephrology

AVOID NSAIDS
REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 01/08/2023 at 122313

Dr.MAHESH E
Consultant
KMC.Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3693212
VISIT ID: OP04610033
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 966532
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E. On 26/10/2023 at 153413
CASE OF ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
ALLERGIC TO CIPROFLOXACIN

HAS COME FOR FOLLOW UP
COMPLINTS OF BURNING MICTURITION

Physical Examination

Recorded by Dr. MAHESH E. On 26/10/2023 at 153413
BP- 120/80 MM HG
REPORTS ON 25/10/23- HB- 11.83, TC- 9043, PLT- 1.23L, CREAT- 1.42, NA- 140, K- 4.64,
U/R- WBC- 3-5, RBC- 6-8, PROTEIN 2+

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE, CHRONIC KIDNEY DISEASE

Plan Details

Recorded by Dr. MAHESH E. On 26/10/2023 at 153413
TAB TELPLUS (CILINDIPIINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB STORVAN 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1
D-RISE GRANULES 1GM ONCE A MONTH
CAP BECOSULES 0-1-0

TAB NIFTRAN (NITROFURANTOIN) 100MG 1-0-1 X 7DAYS
INSULIN AS PER ENDOCRINOLOGY
NOVOMIX 30 PENFILL 3ML 0-0-4U S/C 5 MINS BEFORE FOOD



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3572155
VISIT ID: OP04489212
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 922921
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 01/08/2023 at 122930
CASE OF ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
ALLERGIC TO CIPROFLOXACIN

HAS COME FOR FOLLOW UP
NO COMPLINTS OF BURNING MICTURITION

Physical Examination

Recorded by Dr. MAHESH E On 01/08/2023 at 122930
BP-118/80MMHG
REPORTS ON 1/8/2023
HB 11.5, PLC 115000, TLC 9197,
CREAT 1.43, NA 142, K 4.78, RBS 103,
URINE ROUTINE- PROTEIN 2+, WBC 10-15, RBC 25-30

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE , CHRONIC KIDNEY DISEASE

Plan Details

Recorded by Dr. MAHESH E On 01/08/2023 at 122930
TAB TELPLUS (CLINIDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM) 1
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM) 1
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1 2
TAB D500CAL 0-0-1
D-RISE GRANULES 1GM ONCE A MONTH
CAP BECOSULES 0-1-0
INSULIN AS PER ENDOCRINOLOGY
NOVOMIX 30 PENFILL 3ML 0-0-4U S/C 5 MINS BEFORE FOOD

BP MONITORING

Page 1 of 2

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3693212
VISIT ID: OP04610033
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 966532
DEPARTMENT: Nephrology

BP MONITORING
AVOID NSAIDS
REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 26/10/2023 at 153317

Dr. Mahesh E
Consultant
KMC Reg. No. 34310
KMC Reg. No. 34310

PATIENT SUMMARY

PATCODE : MH0082622
EPISODENO: 3533077
VISIT ID: OP04450160
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 908672
DEPARTMENT: Nephrology

BP MONITORING
AVOID NSAIDS
REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 04/07/2023 at 122815

Comments
Dr. MAHESH E
Consultant
KMC Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3533077
VISIT ID: OP04450160
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 908672
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 04/07/2023 at 140459
CASE OF ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
ALLERGIC TO CIPROFLOXACIN

HAS COME FOR FOLLOW UP
NO COMPLINTS OF BURNING MICTURITION

Physical Examination

Recorded by Dr. MAHESH E On 04/07/2023 at 140459
BP-120/90 MMHG
REPORTS ON 1/7/2023
HB 11.51, PLC 1.2L, TLC 8899, CREAT 1.53, NA 141, K 4.57,
HBATC 6.5, URINE ROUTINE- PROTEIN 3+, WBC NUMEROUS, RBC 10-12

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE , CHRONIC KIDNEY DISEASE

Plan Details

Recorded by Dr. MAHESH E On 04/07/2023 at 122833
TAB TELPLUS (CILINDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM --0--8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1
D-RISE GRANULES 1GM ONCE A MONTH

→ TAB FAROALFA 200MG 1-0-1 X 7 DAYS

INSULIN AS PER ENDOCRINOLOGY
NOVOMIX 30 PENFILL 3ML 0-0-10 5 MINS BEFORE FOOD
NOVORAPID PENFILL 100U/ML 3ML 5-3-0U 5 MINS BEFORE FOOD

CAP. BELOSULES 0-1-0

Page 1 of 2



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3376129
VISIT ID: OP04292903
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 852295
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 07/03/2023 at 121514
ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
ALLERGIC TO CIPROFLOXACIN

Physical Examination

Recorded by Dr. MAHESH E On 07/03/2023 at 121514
BP-154/100 MMHG
REPORTS ON 7/3/2023
NA 141, K 4.5, RBS 109
URINE ROUTINE- PROTEIN 3+RBC 15-20, WBC 4-6

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
ALLERGIC TO CIPROFLOXACIN

Plan Details

Recorded by Dr. MAHESH E On 07/03/2023 at 121514
TAB TELPLUS (CILINDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB TRAJENTA 5MG (LINAGLITZTIN) 1-0-0
TAB GLYCOMET 500SR (METFORMIN) 0-0-1
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1

D-RISE GRANULES 1GM ONCE A MONTH

ENDO OPINION

Page 1 of 2



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3363378
VISIT ID: OP04280043
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 847695
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 25/02/2023 at 120656
CASE OF ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE

HAS BEEN STARTED ON TAB CIPLOX

COMPLAINTS OF REDDISH MACULAR RASH X 5 DAYS AFTER CONSUMPTION OF TAB.CIPLOX

Physical Examination

Recorded by Dr. MAHESH E On 25/02/2023 at 120656
BP- 110/70 MM HG

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
HYPOTHYROIDISM
ALLERGIC TO CIPROFLOXACIN

Plan Details

Recorded by Dr. MAHESH E On 25/02/2023 at 120656
TAB TELPLUS (CILINIDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB TRAJENTA 5MG (LINAGLITZIN) 1-0-0
TAB GLYCOMET 500SR (METFORMIN) 0-0-1
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1

- TAB ATARAX 25MG 1-0-1 X 3 DAYS

- D-RISE GRANULES 1GM ONCE A MONTH
NOVOMIX 30 PENFILL 3ML 0-0-10 5 MINS BEFORE FOOD
NOVORAPID PENFILL 100U/ML 3ML 5-3-0U 5 MINS BEFORE FOOD

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3376129
VISIT ID: OP04292903
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 852295
DEPARTMENT: Nephrology

NOVOMIX 30 PENFILL 3ML 0-0-10 5 MINS BEFORE FOOD
NOVORAPID PENFILL 100U/ML 3ML 5-3-0U 5 MINS BEFORE FOOD

BP MONITORING

REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 07/03/2023 at 121445

Dr.MAHESH E
Dr.MAHESH E
Consultant
KMC.Reg.No. 34310

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3363378
VISIT ID: OP04280043
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 847695
DEPARTMENT: Nephrology

BP MONITORING

REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 25/02/2023 at 120057

Dr. Mahesh
Consultant Nephrology
KMC Reg No. 34310

Caruna
Dr.MAHESH E
Consultant
KMC Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3355717
VISIT ID: OP04272224
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 844908
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 20/02/2023 at 115801
CASE OF ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
HYPOTHYROIDISM

HAS BEEN STARTED ON TAB CIPLOX

HAS COME FOR FOLLOW UP

Physical Examination

Recorded by Dr. MAHESH E On 20/02/2023 at 124259
BP- 150/90 MMHG

REPORTS(13/2/2023)
U.A.C.R 75,
URINE CULTURE- ENTEROCOCCUS FECALIS-30000CFU

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
HYPOTHYROIDISM

Plan Details

Recorded by Dr. MAHESH E On 20/02/2023 at 115801
TAB TELPLUS (CILINIDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB TRAJENTA 5MG (LINAGLIPITIN) 1-0-0
TAB GLYCOMET 500SR (METFORMIN) 0-0-1
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1

D-RISE GRANULES 1GM ONCE A MONTH
NOVOMIX 30 PENFILL 3ML 0-0-10 5 MINS BEFORE FOOD

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3355717
VISIT ID: OP04272224
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 844908
DEPARTMENT: Nephrology

NOVORAPID PENFILL 100U/ML 3ML 5-3-0U 5 MINS BEFORE FOOD

TAB CIPLOX 500MG 1-0-0 X 5 MORE DAYS

BP MONITORING

REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 20/02/2023 at 115734


Dr.MAHESH E
Consultant
KMC.Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3150568
VISIT ID: OP04069204
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 778885
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 12/09/2022 at 121609
K/C/O HYPERTENSION , TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM
CAME FOR FOLLOW UP

Physical Examination

Recorded by Dr. MAHESH E On 12/09/2022 at 121609
BP - 110/80
HB 11.9, TC 9440 , PLAT - 3.7 LAKH , CREAT - 1.54 , K- 4.13

Initial Diagnosis Notes

DIABETIC KIDNEY DISEASE
HYPERTENSION

Plan Details

Recorded by Dr. MAHESH E On 12/09/2022 at 121609
TAB TELPLUS (CILINIDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM --8PM)
TAB MOXILON (MOXIVAS) 0.3 MG 0-0-1 (10 PM)

BP MONITORING

REVIEW AFTER 2 MONTHS

Recorded by: MAHESH E On 12/09/2022 at 121158

Dr.MAHESH E
Consultant
KMC.Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3347225
VISIT ID: OP04263708
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 842046
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr.MAHESH E On 13/02/2023 at 121222
K/C/O HYPERTENSION , TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM
CAME FOR FOLLOW UP

Physical Examination

Recorded by Dr.MAHESH E On 13/02/2023 at 121222
BP- 100/60 MMHG

REPORTS (11/2/2023)
CREATININE 1.63, NA 137, K 4.49,
HbA1C 7.7, URINE ROUTINE PROTEIN 3+, RBC 8-10, WBC 3-5

Initial Diagnosis Notes

ARTERIAL HYPERTENSION WITH HYPERTENSIVE RETINOPATHY
TYPE 2 DIABETES MELLITUS
DIABETIC KIDNEY DISEASE
HYPOTHYROIDISM

Plan Details

Recorded by Dr.MAHESH E On 13/02/2023 at 121222
TAB TELPLUS (CILINDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM -0-8PM)
TAB MOXILONG (MOXIVAS) 0.2 MG 0-0-1 (10 PM)
TAB TRAJENTA 5MG (LINAGLITZTIN) 1-0-0
TAB GLYCOMET 500SR (METFORMIN) 0-0-1
TAB STORVAS 10MG (ATORVASTATIN) 0-0-1
TAB D500CAL 0-0-1

D-RISE GRANULES 1GM ONCE A MONTH
NOVOMIX 30 PENFILL 3ML 0-0-10 5 MINS BEFORE FOOD
NOVORAPID PENFILL 100U/ML 3ML 5-3-0U 5 MINS BEFORE FOOD

Page 1 of 2

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3133298
VISIT ID: OP04052322
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: SOUMYA RAMANI
ENCOUNTER NO: 773729

Chief Complaint

Recorded by Dr. SOUMYA RAMANI On 29/08/2022 at 130318
Referred by nephrologist for fundoscopy
H/o DM x 20 years (uncontrolled)
H/o HTN x 20 years

Physical Examination

Recorded by Dr. SOUMYA RAMANI On 29/08/2022 at 130318
Ole: unaided vn RE 6/60; LE 6/18p
Subj: RE -2.00 ds/-, 150 dc at 20 6/9
LE -2.00 dc at 180 6/9
Add +2.50 N6 OU
AS: be wnl
dilated fundus:
both eyes view clear
disc: shallow cup cdr 0.4
vessels n
macula n
IOP at 1:30 pm
re 14 mm hg
le 16 mm Hg

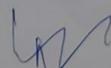
Initial Diagnosis Notes

no evidence of diabetic retinopathy

Plan Details

Recorded by Dr. SOUMYA RAMANI On 29/08/2022 at 132811
annual review
glass prescription once sugars are under control

Recorded by: SOUMYA RAMANI On 29/08/2022 at 124925


Doctor Signature
Dr. Soumya Ramani
Consultant Ophthalmology
K.M.C. Reg. No. 74164



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3145510
VISIT ID: OP04064264
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 777352
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 08/09/2022 at 100412
K/O HYPERTENSION , TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM
CAME FOR FOLLOW UP

Physical Examination

Recorded by Dr. MAHESH E On 08/09/2022 at 100412
BP - 170/100 MMHG

Initial Diagnosis Notes

DIABETIC KIDNEY DISEASE
HYPERTENSION

Plan Details

Recorded by Dr. MAHESH E On 08/09/2022 at 100412
TAB TELPLUS (CILINDIPINE 10 + TELMISARTAN 40) 1-0-1 (8AM --0--8PM)
TAB MOXILONG (MOXIVAS) 0.3 MG 0-0-1 (10 PM)

BP MONITORING
REVIEW AFTER 1 WEEK

Recorded by: MAHESH E On 08/09/2022 at 100157

Dr. Mahesh E
Dr.MAHESH E
Consultant
KMC.Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3135913
VISIT ID: OP04054871
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 774460
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 01/09/2022 at 101900
K/C/O HYPERTENSION , TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM
WAS REFERRED IN VIEW OF HIGH SERUM CREATININE

Physical Examination

Recorded by Dr. MAHESH E On 01/09/2022 at 101900
BP - 120/80
S PROTEIN ELECTROPHORESIS -- M BAND -- ABSENT

Initial Diagnosis Notes

DIABETIC KIDNEY DISEASE
HYPERTENSION

Plan Details

Recorded by Dr. MAHESH E On 01/09/2022 at 101900
TAB TRINEXOVAS (CILINDIPINE + OLMESARTAN +CHLORTHALIDONE) 1-0-0
TAB MOXILONG (MOXIVAS) 0.3 MG 0-0-1

BP MONITORING
REVIEW AFTER 1 MONTH

Recorded by: MAHESH E On 01/09/2022 at 101552

Dr.MAHESH E
Consultant
KMC.Reg.No. 34310



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3132947
VISIT ID: OP04051961
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: MAHESH E
ENCOUNTER NO: 773574
DEPARTMENT: Nephrology

Chief Complaint

Recorded by Dr. MAHESH E On 29/08/2022 at 115628
K/C/O HYPERTENSION , TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM
WAS REFERRED IN VIEW OF HIGH SERUM CREATININE

Physical Examination

Recorded by Dr. MAHESH E On 29/08/2022 at 115628
BP-140/80 MM HG
REPORTS (29/08/2022)
U ACR: 226.7
HBSAG: NON REACTIVE
NO DIABETIC RETINOPATHY

Initial Diagnosis Notes

TYPE 2 DIABETES MELLITUS
HYPOTHYROIDISM

Plan Details

Recorded by Dr. MAHESH E On 29/08/2022 at 112251
→ TAB TRINEXOVAS (CILINDIPINE + OLMESARTAN +CHLORTHALIDONE) 1-0-0
→ TAB MOXILONG (MOXIVAS) 0.3 MG 0-0-1
TAB ARKAMINE (CLONIDINE) 0.1 MG 1-0-0 FOR 3 DAYS AND THE NSTOP
BP MONITORING .
CONTINUE ENDOCRINOLOGY ORDERS
REVIEW ON THURSDAY (1/9/22)

Recorded by: MAHESH E On 29/08/2022 at 112019

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3347269
VISIT ID: OP04263756
AGE/SEX: 55 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: ANANTH BHANDARY S
ENCOUNTER NO: 842060

Chief Complaint

Recorded by Dr. ANANTH BHANDARY S On 13/02/2023 at 123225
CAME FOR FOLLOW UP
K/C/O HYPERTENSION, TYPE 2 DIABETES MELLITUS (FROM 20 YEARS), HYPOTHYROIDISM

Physical Examination

Recorded by Dr. ANANTH BHANDARY S On 13/02/2023 at 122448
AIDED RE 6/6P LE 6/6 BOTH EYES N6
AS BE CONJ N, CORNEA CLEAR, PUPIL 3MM RRR, AC N DEPTH, LENS EARLY CORTICAL CHANGES, NO NVI
DILATED FUNDUS
RE MEDIA CLEAR, CDR 0.3.1 WELL DEFINED MARGINS, BV GENERALISED VASOCONSTRICTION, BG TIGROID, MACULA
FR+
LE MEDIA CLEAR, CDR 0.3.1 WELL DEFINED MARGINS, BV GENERALISED VASOCONSTRICTION, BG TIGROID, MACULA
FR+

Initial Diagnosis Notes

BOTH EYES GRADE 1 HYPERTENSIVE RETINOPATHY, NO EVIDENCE OF DIABETIC RETINOPATHY

Plan Details

Recorded by Dr. ANANTH BHANDARY S On 13/02/2023 at 125756
CONTINUE SAME GLASSES
ANNUAL FUNDUS EXAMINATION TO LOOK FOR PROGRESSION OF HYPERTENSIVE RETINOPATHY

Recorded by ANANTH BHANDARY S On 13/02/2023 at 121627

Dr. Bhandary
Dr. S. Ananth B.
Const. Optt
Doctor Signature
Date: 13.02.20



PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3551066
VISIT ID: OP04658203
AGE/SEX: 56 / Female

PATIENT NAME: KARUNA MAHAJAN
PROVIDER NAME: ANANTH BHANDARY S
ENCOUNTER NO: 915263
DEPARTMENT: Ophthalmology

Chief Complaint

Recorded by Dr. ANANTH BHANDARY S On 17/07/2023 at 124429
ROUTINE CHECK UP
K/O HYPERTENSION SINCE 20YRS.
K/O TYPE 2 DIABETES MELLITUS SINCE 20YRS.
K/O HYPOTHYROIDISM????
H/O PT USING TWO DIFFERENT SPECTS 1YR OLD.

Physical Examination

Recorded by Dr. ANANTH BHANDARY S On 17/07/2023 at 124429
AIDED VN BE= 6/6P N6BLURR
PGP 1 RE=-3.00sph AND LE=-1.75@180
PGP 2 BE= +2.00@160
UNAIDED VN RE= 6/24P AND LE= 6/24
A/S BE CONJUNCTIVA NORMAL, CORNEA CLEAR, PUPIL BRISKLY REACTING TO LIGHT
USING SEPERATE GLASSES FOR DISTANCE AND NEAR VISION
SUB RE= -0.50/-2.00@20 6/6P AND LE= -2.00@180 6/6
ADD BE= +2.50sph N6
AR RE= -0.50/-2.50@20 AND LE= -2.50@100
DILATED FUNDUS BE: MEDIA CLEAR, CDR 0.3:1 WELL DEFINED MARGINS, BV GENERALISED ATTENUATION, BG TIGROID
FR+
BOTH EYES: GRADE 1 HTN RETINOPATHY, NO EVIDENCE OF DIABETIC RETINOPATHY
DILAR RE= -0.50/-2.00@20 AND LE= -2.00@180

Plan Details

Recorded by Dr. ANANTH BHANDARY S On 17/07/2023 at 124429
GP GIVEN (SEPERATE GLASSESFOR DISTANCE AND NEAR VISION ARE GIVEN)
Recorded by ANANTH BHANDARY S On 17/07/2023 at 123346

PATIENT SUMMARY

PATCODE : MH00882622
EPISODENO: 3551066
VISIT ID: OP04488203
AGE/SEX: 50 / Female

PATIENT NAME: KARUNA MAHajan
PROVIDER NAME: ANANTH BHANDARY S
ENCOUNTER NO: 916263
DEPARTMENT: Ophthalmology

102622
Date
7PM
Date
7AM

08/03/2017 11:27

Dr. ANANTH BHANDARY S
Consultant
KMC Reg No:
Dr. S. Ananth Bhandary
Consult. Ophthalmology
K.M.C. Reg. No. 48120

Page 2 of 2



RAMAIAH
Memorial Hospital



**DEPARTMENT OF RADIOLOGY & IMAGING
REPORT**

NAME:	KARUNA MAHAJAN
AGE / SEX:	55 YEARS / FEMALE
HOSPITAL NO. / UNIT:	MH00882622
DATE:	14.04.2023
ULTRASOUND NO:	7575
REFERRED BY:	UROLOGY

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: The liver measures 11 cms and is normal in size and echo texture. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. The hepatic veins are normal. Portal vein and CBD are normal.

GALL BLADDER: Partially distended. No obvious calculus seen.

PANCREAS: Head and body appear normal in size and echotexture. Tail is obscured by bowel gas.

SPLEEN: The spleen measures 8.7 cms and is normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in position, size and echo texture. There is mild bilateral increase in bilateral renal cortical echogenicity. No hydronephrosis. There is a simple cyst in the midpole parapelvic of the right kidney measuring 5 x 6 mm. There is a simple cyst in the lower pole of left kidney measuring 11 x 14 mm.

RIGHT KIDNEY: (bipolar / transverse / parenchyma): 90 / 43 / 14 mm

LEFT KIDNEY: (bipolar / transverse / parenchyma): 95 / 42 / 12 mm

PELVIC ORGANS: Urinary bladder is well distended with free floating internal echoes within.

Uterus and ovaries are atrophic – Post menopausal status.

Endometrial echo measures 5 mm.

No free fluid in the abdomen and pelvis.

IMPRESSION:

1. **MILD INCREASE IN BILATERAL RENAL CORTICAL ECHOCOGENICITY.**
-To correlate with renal function test.
2. **FREE FLOATING INTERNAL ECHOES IN URINARY BLADDER.**
-To correlate with urine routine.

Dr. Neeraj S
Radiologist
KMC Reg. No. 113869



RAMAIAH
Memorial Hospital

PREScription FORM

99771

Sl. No. :

UHID :
Patient Name : *Kosuna mahajan*
Gender :
Age :
Weight :

Consultant Name : *Dr. Manasa T*
Department Name : *M.B.B.S., M.S., M.Ch (Urology)*
Consultant Urologist
Date : *KMC Reg: 76638*
Time : *15/04/23*

Known Drug allergies :

Rx

Sl. No.	Brand Name (Generic Name) (BLOCK LETTERS)	Dose	Route	Frequency & Instructions	Duration	Quantity
①	MYFOS SACHET 3g	1/0	oed	x 3 doses alternate days	total	
②	TAB CPROLAC	1/0		1-1-1	5 days	
③	TAB LOMOPEN			(SOS)		
④	TAB UPISPAS 200mg	1/0		1-a-1	5 days	

Repeat course after 3 days of
antibiotic

Review of tee/Thy/Bafra

Special Instructions (if any) :

Follow up Date :

***ALL FIELDS TO BE FILLED MANDATORILY

Dispensed By
Pharmacist Seal & Sign :

Dr. Manasa T
M.B.B.S., M.S., M.Ch (Urology)
Consultant Urologist
KMC Reg: 76638
Doctor Name

Signature & Seal

RMH/DOC/023

ડૉ. મુકેશ અગ્રવાલ

M.B.B.S., D-ORTHO

ગોહં મેડિલિસ્ટ

અસ્પિચ એવ જોડુ રોગ વિશેષજ્ઞ

Fellow-

PGCIH (VADODARA-GUJARAT)

PGCCEBOM (IDF-અમેરિકા)

BLS- Advanced Cardiac Life Support Expert

સર ગેગારામ લીનીસ્પિટલ, વિલ્સી

પ. બુંગ સુર્દર શરૂઆતી શામાન્ય ચિકિત્સાલય, બૂન્ડી

M. 76270-04279



ડૉ. સરિતા ગોયલ

M.B.B.S., M.D.

મેડિકલ કોલેજ, કોટા

મરીજ કા નામ.....

Karuna

ઉભ

55

લિંગ F

દિનાંક 24/5/23

આવશ્યક નિર્દેશ :

* ઘુટના દર્દ

જમીન પર નહીં બૈઠે

પાલતી નહીં લગાવે

સીફિંગ કામ ચઢે

* કમર દર્દ

શૂન્યકર કામ નહીં કરે

ભારી વજન નહીં ઉઠાવે

* સાવધાનિયાં

પ્લાસ્ટર કે બાદ,

હાથ એવ પૈર કો ઉપર રહણાની

એવ ઊંગાતી ચલાની હૈ।

પ્લાસ્ટર કો ગીતા નહીં કરો।

હાથ-પૈર કા રંગ નીતા/સફેદ

હોને પર એવ બધુત જ્વાદ

દર્દ હો તો તુરન્ત ચિકિત્સક

સે સંપર્ક કરો।

દુબારા દિખાને આને પર

એકસ-રે એવ જાંચ

કી પર્ચી સાથ લેકર આવે।

Not Valid for MLC

Rx Pic

(Rx) 1 capsule 1 week

day (Rx) 1 capsule 40

—

F G.S.M

6 G.C. Orazi 1X2

6 Rydzia - TH 1X2

Orazi Relidol 0.01-0.02

4p CAY-D-2-EDD

6 Benedict Plus 1X2

6 opsoni / Cough - EDD

(Rx) X 10 day

ડૉ. મુકેશ અગ્રવાલ

M.B.B.S., D-Ortho

દિંગ અધિક (અસ્પિચ રોગ વિશેષજ્ઞ)

શામાન્ય ચિકિત્સાલય, બૂન્ડી (રાજ્ય)

RMC-021210

DONATE BONES SAVE LIMBS

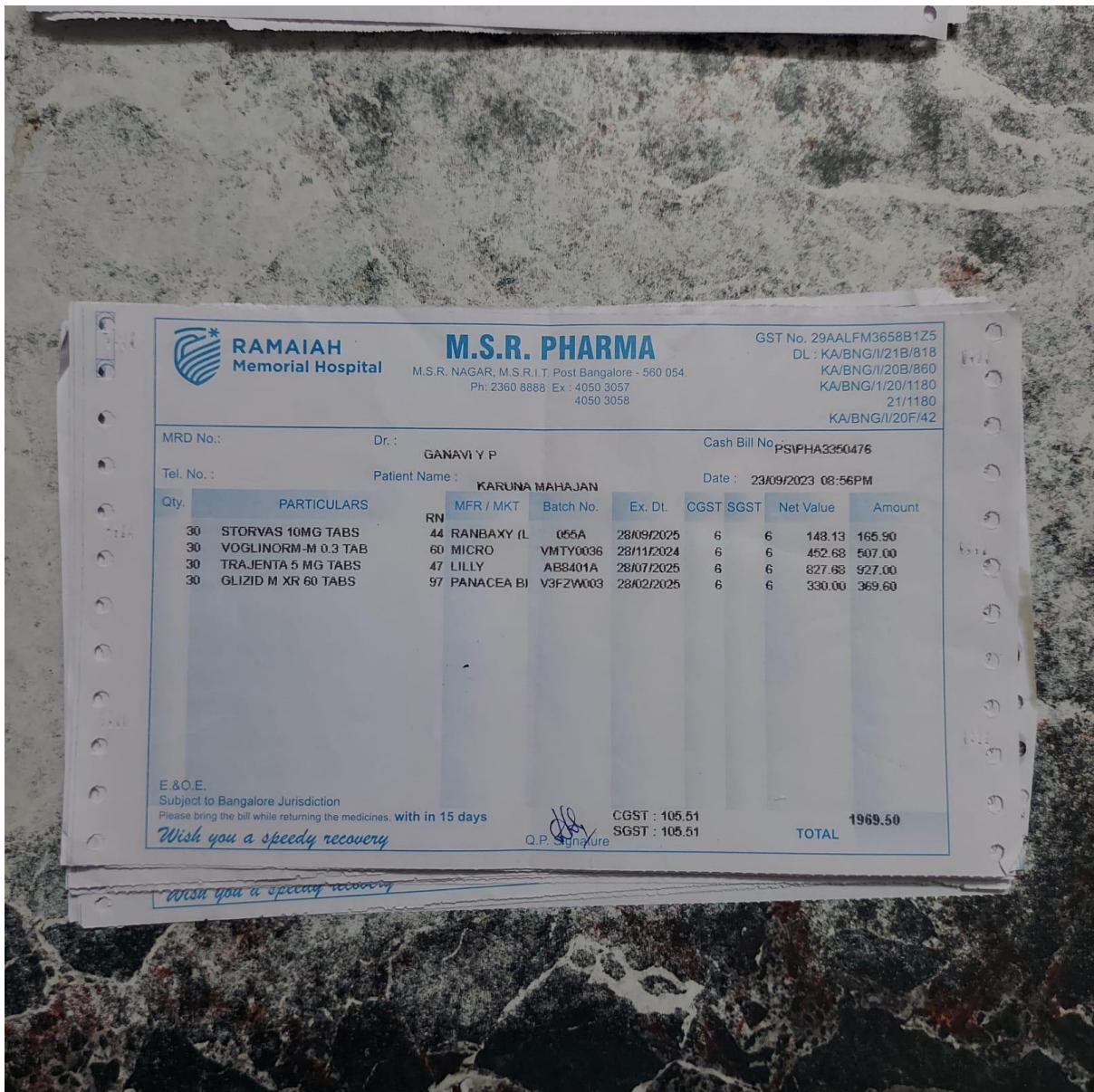
નિવાસ : B.R.-7 સરકારી ક્વાટર ધાનમણી ધર્મશાલા કે પાસ ખોજાગેટ રોડ, બૂન્ડી

નિવાસ કોટા : 361, શાસ્ત્રી નગર કોટા (રાજ્ય)

D.L. No. (20 & 21) 390-391		Cash/Credit Invoice	94147-45130 94608-64473
OSWAL MEDICAL'S			
Khoja Gate Road, Bundi (Raj.)		ौसवाल मेडिकल्स	
No. 65537		Date 08/11/03	
PARTICULARS	Mfg. Name	Batch Exp. Dt.	Amount Rs. P.
1x15 T96 Glizidm	V382W010	06/2025	123=20
1x10T96 Toygentomy	49241014	02/2021	329=20
1x15 T96 Voglominom	VMTW037	03/2022	253=50
1x15 T96 Stomax 10g	S1816LAT101	03/2023	82=99
1. Kindly consult your Dr. before using the medicine.		TOTAL 768=69	
2. Difference in Prices if any over charged due to overage will be refundable.		Sign. 08/11/03 (Anil Kumar Jangid)	

D.L. No. (20 & 21) 390-391		Cash/Credit Invoice	94147-45130 94608-64473
OSWAL MEDICAL'S			
Khoja Gate Road, Bundi (Raj.)		ौसवाल मेडिकल्स	
No. 65538		Date 08/11/03	
PARTICULARS	Mfg. Name	Batch Exp. Dt.	Amount Rs. P.
4 Cap Calotis D3	TD2895/8/21	03/2021	137=85
2x15 T96 Teliply	TLPC01082	04/2022	342=20
2x10T96 Modav 202	04/2025	209=20	
1x20Cp Beechene	04/2025	85=20	
3x15 T96 Pheturin	MP871P07/2024	870=20	
1. Kindly consult your Dr. before using the medicine.		TOTAL 1612=85	
2. Difference in Prices if any over charged due to overage will be refundable.		Sign. 08/11/03 (Anil Kumar Jangid)	

Bills





**RAMAIAH
Memorial Hospital**

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG//I/21B/818
KA/BNG//I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG//I/20F/42

MRD No.:

Dr. :

Cash Bill No.:

PSIPHA3371324

Tel. No.:

Patient Name : GANAVI Y P

Date :

27/10/2023 08:24AM

Qty.

PARTICULARS

KARUNA MAHAJAN

Batch No.

MFR / MKT

Ex. Dt.

CGST

SGST

Net Value

Amount

15 STORVAS 10MG TABS
10 GLI2ID M XR 60 TABS
10 D500CAL TABS
15 VOGLINORM-M 0.3 TAB
10 TRAJENTA 5 MG TABS

RN

44 RANBAXY (L 056A
97 PANACEA BI V3F2W003
110 ERIS ADCL23001
60 MICRO VMTY0036
47 LILLY AB8401A

28/09/2025
28/02/2025
28/11/2025
28/11/2024
28/07/2025

6
6
6
6
6

6
6
6
6
6

74.06 110.00 69.46 226.34 275.89
82.95 123.20 77.80 263.50 309.00

E.&O.E.
Subject to Bangalore Jurisdiction
Please bring the bill while returning the medicines. with in 15 days
Wish you a speedy recovery

Q. *[Signature]* CGST : 45.35
SGST : 45.35

TOTAL 846.45

Wish you a speedy recovery



M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG//I/21B/818
KA/BNG//I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG//I/20F/42

MRD No.:

Dr. :

MAHESH E

Cash Bill No : PSIPHA3371325

Tel. No. :

Patient Name :

KARUNA MAHAJAN

Date : 27/10/2023 8:25:01AM

Qty.	Particulars	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
15	TELPLUS TABS	RN	TLPS0086	28/12/2024	6	6	139.29	156.00
14	NIFTRAN 100MG CAPS	60 MICRO	45 RANBAXY (LXBA0021	28/03/2025	6	6	120.88	135.38

E&O.E.

Subject to Bangalore Jurisdiction
Please bring the bill while returning the medicines within 15 days

Wish you a speedy recovery

CGST : 15.61

SGST : 15.61

TOTAL 291.38

**M.S.R. PHARMA**M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. : MAHESH E

Cash Bill No. PSRPHA3332190

Tel. No. :

Patient Name : KARUNA MAHAJAN

Date : 25/03/2023 01:11PM

Qty.

PARTICULARS

RN

60 MICRO

Batch No. TLPS0086

Ex. Dt. 28/12/2024 CGST 6 SGST 6 Net Value 557.14 Amount 624.00

60 TELPLUS TABS

E & O.E.
Subject to Bangalore Jurisdiction
Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

CGST : 33.43
SGST : 33.43

TOTAL

624.00



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. : GANAVI Y P

Cash Bill No. PSIPHA3332194

Tel. No. :

Patient Name : KARUNA MAHAJAN

Date : 25/08/2023 01:13PM

Qty.	Particulars	RN	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
30	GLIZID M XR 60 TABS	97	PANACEA BI	V3FZW003	28/02/2025	6	6	330.00	369.60
30	TRAJENTA 5 MG TABS	47	LILLY	AB8401A	28/07/2025	6	6	827.68	927.00
15	VOGLINORM-M 0.3 TAB	80	MICRO	VMTY0036	28/11/2024	6	6	226.34	253.50
30	STORVAS 10MG TABS	44	RANBAXY (L	055A	28/09/2025	6	6	148.13	165.90

E&O.E.

Subject to Bangalore Jurisdiction
Please bring the bill while returning the medicines, within 15 days

Wish you a speedy recovery
wcn you a speay recovery

CGST : 91.93
SGST : 91.93

TOTAL 1716.00

Q.F. *[Signature]*
Signature SGST : 23.37



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. : MAHESH

Cash Bill No. PSI-PHA3350478

Tel. No. :

Patient Name : KARUNA MAHAJAN

Date : 23/09/2023 08:58PM

Qty.	Particulars	RN	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
30	MOXILONG 0.2 MG TABS	61	MICRO	MNGY0040	28/01/2025	6	6	230.36	258.00
60	TELPLUS TABS	60	MICRO	TLPS0086	28/12/2024	6	6	557.14	624.00

E.&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines within 15 days

Wish you a speedy recovery


Q.P. Signature

CGST : 47.25
(SGST : 47.25)

882.00
TOTAL

**M.S.R. PHARMA**

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:	Dr. :	Cash Bill No. : PSIPHA3318104							
Tel. No.:	Patient Name :	Date : 03/08/2023 03:05PM							
Qty.	Particulars	MFR / MKT	KARUNA MAHAJAN	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
30	TELPLUS TABS	RN	60 MICRO	TLPS0086	28/12/2024	6	6	278.57	312.00
15	STORVAS 10MG TABS	44 RANBAXY IL	SID9037A	28/04/2025	6	6	66.03	73.95	
20	BECOSULES CAPS	75 PFIZER	2230274S	28/03/2024	6	6	44.82	50.20	

E.O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

CGST : 23.37

SGST : 23.37

TOTAL 436.15

Signature SGST : 76.44

TOTAL



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG//I/21B/818
KA/BNG//I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG//I/20F/42

MRD No.:

Dr. :

GANAVI Y P

Tel. No. :

Patient Name :

Cash Bill No. :
PSIPHA3299775

Date : 04/07/2023 02:40PM

Qty.	PARTICULARS	KARUNA MAHAJAN MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
30	GLIZID M XR 60 TABS	RN 97 PANACEA BI	001	28/12/2024	6	6	330.00	369.60
30	TRAJENTA 5 MG TABS	47 LILLY	AB7753A	28/05/2025	6	6	827.68	927.00
30	STORVAS 10MG TABS	44 RANSAXY IL	SID9037A	28/04/2025	6	6	132.05	147.90
30	VOGLINORM-M 0.3 TAB	60 MICRO	VMYU036	28/11/2024	6	6	453.68	507.00
1	SUCRAFIL SYRUP 200ML	29 FOURTS	K1500	28/08/2025	6	6	166.00	166.00

E&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

CGST : 113.44
Q.P. SGST : 113.44

TOTAL 2117.50

RECEIVED BY

Dr. man
5.30 P.M
06/07/2023

50/-
SD/PH/0218247474
Cash Recd



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/218/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. :

Cash Bill No. :
PSIPHA3318103

Tel. No. :

Patient Name : **GANAVI Y P**

Date : **03/08/2023 03:04PM**

Qty.	Particulars	KARUNA MAHAJAN	MFR / MKT	Batch No.	Ex. Dl.	CGST	SGST	Net Value	Amount
20	GLIZID M XR 60 TABS	RN	97 PANACEA BI	V3F2W003	28/02/2025	6	6	220.00	246.40
30	TRAJENTA 5 MG TABS	47 LILLY	ABS401A		28/07/2025	6	6	827.68	927.00
15	VOGLINORM-M 0.3 TAB	60 MICRO	VMTY0036		28/11/2024	6	6	226.34	253.50

E&O.E.
Subject to Bangalore Jurisdiction
Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

CGST : 76.44
SGST : 76.44

TOTAL 1426.90



**RAMAIAH
Memorial Hospital**

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post, Bangalore - 560 054.
Ph: 2360 8888 Ex: 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG//21B/818
KA/BNG//20B/860
KA/BNG/1/20/1180
21/1180
KA/BNG//20F/42

MRD No.:	Dr.:	Cash Bill No. PSIPHA3262438							
Tel. No.:	Patient Name :	Date : 29/04/2023 12:41PM							
Qty.	PARTICULARS	RN	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
15	STORVAS 10MG TABS	44	RANBAXY (L	SID3037A	28/04/2025	6	6	66.03	73.95
15	VOGLINORM-M 0.3 TAB	60	MICRO	VMTY0036	28/11/2024	6	6	226.34	253.50
10	TRAJENTA 5 MG TABS	47	LILLY	AB7793A	28/05/2025	6	6	275.89	309.00
				Q.P. Signature		CGST : 34.10	SGST : 34.10	TOTAL	
						636.45			

Q.E.
Subject to Bangalore Jurisdiction

Please settle the bill while returning the medicines, within 15 days

Wish you a speedy recovery

With regards



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:	Dr. :	Cash Bill No. : PSIPHA3299784							
Tel. No. :	Patient Name :	Date : 04/07/2023 02:46PM							
Qty.	PARTICULARS	KARUNA MFR / MKT	MAHAJAN Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount	
60	TELPLUS TABS	RN	60 MICRO	TLPS0086	28/12/2024	6	6	557.14	624.00
30	D500CAL TABS	110 ERIS	WN23001	28/01/2025	6	6	189.64	212.40	
14	FAROALFA 200 MG TABS	102 AUXILIARE	T-2210138	28/09/2024	6	6	1364.50	1528.24	
30	BECOSULES CAPS	75 PFIZER	2230274S	28/03/2024	6	6	67.23	75.30	

E & O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

Q.P. S. *[Signature]* CGST : 130.71

S. *[Signature]* SGST : 130.71

TOTAL 2439.94



M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. :

GANAVI Y P

Tel. No. :

Patient Name :

Cash Bill No. PSIPHA3293594

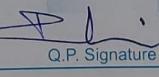
Date : 23/06/2023 06:31PM

Qty.	Particulars	RN	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
30	D500CAL TABS	110	ERIS	WN23001	28/01/2025	6	6	189.64	212.40

E.&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. with in 15 days


Q.P. Signature

CGST : 11.38
SGST : 11.38

TOTAL

212.40

Wish you a speedy recovery

When you a speedy recovery



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/1/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr.

BNH

Tel No

Patient Name :

Cash Bill No. : **PSIPHA3251289**

Date : 09/04/2023 05:26PM

Tel. No. :	Patient Name :	KARUNA MAHAJAN		09104720233 03-2024				
Qty.	PARTICULARS	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
7	VOGLINORM-M 0.3 TAB	RN 60 MICRO	VMTY0036	28/11/2024	6	6	105.63	118.30

E.&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. **within 15 days**

Wish you a speedy recovery

Q.P. Signature

CGST : 6.34

SGST : 6.34

TOTAL

118.30



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Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
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4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/860
KA/BNG/1/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:

Dr. : MANASA T

Cash Bill No. PSIPHA3254729

Tel. No.:

Patient Name : KARUNA MAHAJAN

Date : 15/04/2023 12:38:01PM

Tel. No. :	Patient Name :	KARUNA MAHajan	Date :						
Qty.	Particulars	RN	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
10	URISPAS TABS	105	MARTIN & H.	2013	28/12/2024	6	6	271.70	304.30
5	LOMOFEN TABS	96	RPG LIFE	21056	28/06/2024	2.5	2.5	10.48	11.00
15	SPORLAC TABS	89	UNICHEM	S022004	28/03/2024	6	6	146.92	164.55
3	MYFOS SACHETS 3 GM	42	SUN PHARM.	0032	28/09/2024	6	6	1,218.75	1,365.00

E.&O.E.

Subject to Bangalore Jurisdiction

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Wish you a speedy recovery

CGST : 98.50
SGST : 98.50

TOTAL



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG//21B/818
KA/BNG//20B/860
KA/BNG/1/20/1180
21/1180
KA/BNG//20F/42

MRD No.:

Dr. :

MAHESH E

Cash Bill No.: PSYPHA3247629

Tel. No.:

Patient Name :

Date : 03/04/2023 12:13:16PM

E.&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. **within 15 days**

Wish you a speedy recovery



RAMAIAH
Memorial Hospital

M.S.R. PHARMA

M.S.R. NAGAR, M.S.R.I.T. Post Bangalore - 560 054.
Ph: 2360 8888 Ex : 4050 3057
4050 3058

GST No. 29AALFM3658B1Z5
DL : KA/BNG/I/21B/818
KA/BNG/I/20B/86
KA/BNG/I/20/1180
21/1180
KA/BNG/I/20F/42

MRD No.:	Dr. :	Cash Bill No. : PSIPHA3247929						
Tel. No. :	Patient Name :	Date : 03/04/2023 05:09PM						
Qty.	PARTICULARS	MFR / MKT	Batch No.	Ex. Dt.	CGST	SGST	Net Value	Amount
60	TELPLUS TABS	60 MICRO	0083	28/04/2024	6	6	557.14	624.00
30	TRAJENTA 5 MG TABS	47 LILLY	AB6848A	28/03/2025	6	6	827.68	927.00
15	GLYCOMET 500 SR TABS	69 USV PLTD	23886	28/12/2024	6	6	26.92	30.15
30	D500CAL TABS	110 ERIS	WN22006	28/11/2024	6	6	189.64	212.40
30	STORVAS 10MG TABS	44 RANBAXY (L)	SID3037A	28/04/2025	6	6	132.05	147.90

E.&O.E.

Subject to Bangalore Jurisdiction

Please bring the bill while returning the medicines. with in 15 days

Wish you a speedy recovery

[Signature]
Q.P. Signature

CGST : 104.01

SGST : 104.01

TOTAL

1941.4