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| **SHRADDHA HOSPITAL**  **PMC Reg. No. : LCBP-0506-01856** | | | | | | | | | | |  |
| **Sr.No. 43, Parashar Society, Pune Nagar Road, Chandan Nagar, Kharadi, Pune – 411014** | | | | | | | | | | | |
| **Mob No.** **9011052829** |  |  |  |  |  |  | **Dr.Sanjiv Jadhav** | |  | |  |
| **9403822324** | | |  |  |  |  | **M.B.BS., D.G.O.(Regn.No.60876)** | |  | |  |
|  |  |  |  |  |  |  |  |  |  | |  |
| **Timing** : Mon to Sat. 10:00 a.m. to 2:00 p.m. &6:00 a.m. to 8:00 p.m. **Sunday Closed** | | | | | | | | |  | |  |
| **वेळ**: सोमवार ते शनिवार स.१०:०० ते दु.२:०० व सायं. ६:०० ते ८:०० वा. **रविवार बंद** | | | | | | | | |  | |  |
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| **Patient's Name :** | |  |  |  |  |  |  |  |  | |  |
| **Address :** |  |  |  |  |  |  |  |  |  | |  |
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|  | Date : |  |  |  |  |  |  |  |  |

**Mrs. Ramya Seenivasan**

**Date:** **11-03-20**

**MEDICAL BREAK UP**

**IV FLUIDS**

**1500/-**

**IV DNS**

**IV RL**

**INJECTION**

**INJ CEFTRIAXONE 1000MG 1600/-**

**INJ GANTA 900/-**

**INJ AMIKACIN 200/-**

**2700/-**

**MEDICINE**

**CAP AMPICLOX 500MG 400/-**

**CAP VITOZET 50/-**

**TAB RANTAC 150MG 100/-**

**TAB PARACETMOL 250/-**

**800/-**

**Do not call for appointments. \* कृपया अँपॉईंट्मेंट्साठी फोन करू नये.**