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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** | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  | |  |
| **Patient's Name :** | |  |  |  |  |  |  |  |  | |  |
| **Address :** |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  | |  |
|  | Date : |  |  |  |  |  |  |  |  |

**Date: 10-04-19**

**Mrs. Thakur Ashwini Dinesh**

**` MEDICAL BREAK UP**

**IV FLUIDS:**

**IV DNS 300 /**

**SCALP & IV SET 100/-**

**----------**

**400**

**INJECTION :**

**INJ CEFOTAXIM 100MG 600/-**

**INJ GENTA 100/-**

**INJ PITOCIN 120/-**

**INJ METHERGIN 50/-**

**INJ XYLOCI 30/-**

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**900**

**MEDICINE:**

**CAP AMPICLOX 500MG 75/-**

**TAB VISCOZ PLUS 6 25/-**

**---------------**

**100**

**-**

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