

				RECEIPT			
Receipt I PRN No. Patient N Patient T Doctor Na	: Kl lame : M Type : se	I <b>rs. Daha</b> ı elf Paying	L8/0003868  re(Kurwade) Pooja P	ravin		t Date : 23/11/20 t Time : 09:52 PI : 26 Yrs : Female	1
,	ent Bill No.						Amount
OPD	28682	32090	Follow up				300.00
				ı	Net Amount	(1)	300.00
Туре	Bank Name		Branch Name	Chq/ECS./Card N	Date	Amount E	Batch No.
Debit Card	CITI BANK		-	7797	23/11/2018	300.00	
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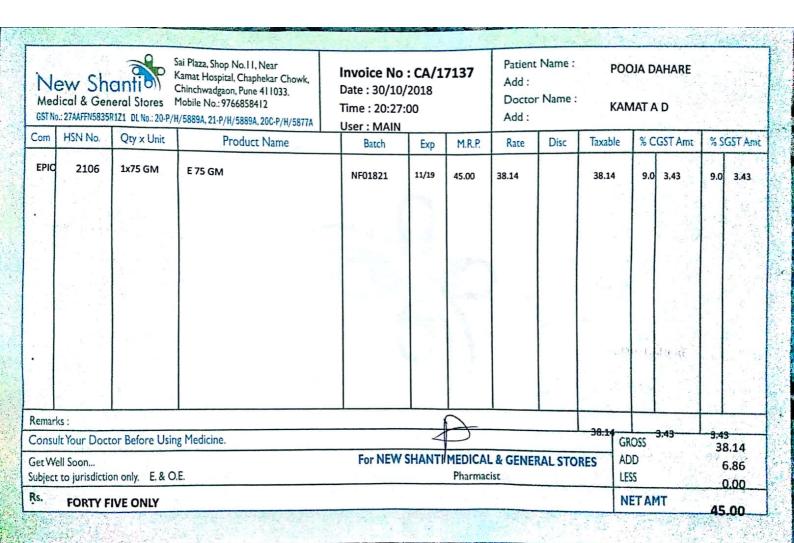
	Amount In Words:	Debit Card CITI BANK	Type Bank Name	OPD 25474	Department Bill No.	Receipt No PRN No. Patient Name Patient Type Doctor Name : [
	Amount In Words: (') Six Hundred Only	1		28482 Consultation	Bill No. Req No. Particulars	32169 KH/OPD/2018/0003868 Mrs. Dahare(Kurwade) Pooja Pravin self Paying : Dr. Kamat Amit Dilip (MĎ)
		7797	Branch Name Chq/ECS./Card N	on	cs	Pooja Pravin
CHAPEK		27/10/2018	Net Amount (') Date			Receipt I Receipt T Age Sex
CHAPEKAI POSTAL PUT. LTD.		600.00	Amount Batch No.			Receipt Date : 27/10/2018 Receipt Time : 12:37 PM Receipt Time : 26 Yrs. Sex : Female

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Z	New Shantio	-0	Su Pisza, Shop No. t I., Neur Kurrat Hospital, Chaphelan Chowk, Chincheadgaon, Pune 41 (833).	Invoice No : CA/16863 Date : 27/10/2018	CA/10 2018	5863	Patient Name : Add :	Name :	POO	POOJA DAHARE	
Media No.	Col & George	Medical & General Stores  Street Demissibility Developed	Medical & General Stores Mobile No. 9766853412  STRE THERMOSERIT DUNE 19-7/6/8894, 21-7/4, 58894, 200-7/4/58774	Time: 15:16:00 User: MAIN	00		Doctor Add :	Doctor Name : Add :	KAN	KAMAT A D	
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g	3004	15xTAB	SHELCAL 500	BCH2E024	02/20	82.00	73.21		73.21	6.0 4.39	6.0 4.39
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Pune Pin- 411033 Phone No. 020-27354888/777 Kamat Hospital Pvt.Ltd. Chapekar Chowk, Chinchwad

Receipt Time: 02:53 PM Age : 26 Yrs. Sex : Female  Amount 30.00  Ount (') . 30.00  Amount Batch No. 2018 30.00  CHAPEIGE Signature CHAPEIGE Signature  CHAPEIGE Signature CHAPEIGE Signature  CHAPEIGE SIGNATURE  CHAPEIGE SIGNATU	Patient Name : Mrs. Dahare(Kurwade) Pooja Pravin Age Patient Type : self Paying : Dr. Kamat Amit Dilip (MD)  Department Bill No. Req No. Particulars  OPD 25526 28482 Inj TT  Patient Name Branch Name Chq/ECS./Card N Date Patient Type Bank Name - 7797 27/10/2018  Amount In Words : (*) Thirty Only
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OUSAND TV	n only. E.& O.E.	Consult Your Doctor Before Using Medicine		15xCAP 4x5ML 1x0.5 ML	15xTAB	Qty x Unit	anti on eral Stores
ONE THOUSAND TWO HUNDRED FORTY EIGHT ONLY	).E.	ng Medicine.		GEMROL INFLUVAC INJ 0.5 ML	SHELCAL 500	Product Name	New Shantion Kamat Hospital, Chaphekar Chowk, Chinchwadgaon, Pune 411033.  Medical & General Stores Mobile No.: 9766858412  GST No.: 27AAFFN5835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A
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Receipt Date: 13/11/2018 Receipt Time: 10:22 PM Receipt Time: 26 Yrs. Sex: Female	Receipt D Receipt T Age Sex	ıvin	54537 KH/OPD/2018/0003868 <b>Mrs. Dahare(Kurwade) Pooja Pravin</b> self Paying Dr. Kamat Amit Dilip (MD)	KH/OPD/2018/0003868  Mrs. Dahare(Kurwade)   self Paying : Dr. Kamat Amit Dilip (MD)		PRN No. Patient Name Patient Type Poctor Name
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% SGST Amt	% CGST Amt	Taxable	Disc	Rate	M.R.P.	Exp	Batch	Product Name	Qty x Unit	HSN No.	Com
	POOJA DAHARE KAMAT A D	POO.	Patient Name : Add : Doctor Name : Add :	Patient Add : Doctor Add :	17963		Invoice No: CA/ Date: 10/11/2018 Time: 14:29:00 User: MAIN	Sai Plaza, Shop No.11, Near Kamat Hospital, Chaphekar Chowk, Chinchwadgaon, Pune 411033. Medical & General Stores Mobile No.:9766858412 GST No.: 27AAFFN5835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A	New Shantion Medical & General Stores GST No.: 27AAFFN5835R1Z1 DL No.: 20-P	ew Sh dical & Ge	SIN A Z
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