

				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	()	300.00
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Debit Card	CITI BANK		-	7797	23/11/2018	300.00	
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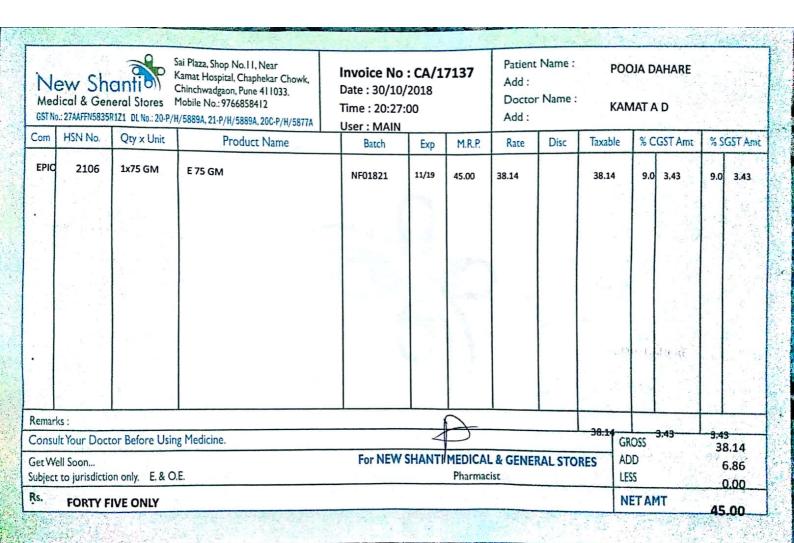


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	Amount In Words: (') Six Hundred Only	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		28482 Consultation	Bill No. Req No. Particulars	32169 KH/OPD/2018/0003868 Mrs. Dahare(Kurwade) Pooja Pravin self Paying : Dr. Kamat Amit Dilip (MĎ)
		7797	Branch Name Chq/ECS./Card N	on	v	) Pooja Pravin
CHAPEKA SIGNE CHINCHWAD		27/10/2018	Net Amount (') Date			Receipt I Receipt T Age Sex
Signal N		600.00	Amount Batch No.			Receipt Date : 27/10/2018 Receipt Time : 12:37 PM Age : 26 Yrs. Sex : Female

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Z	New Shantio	2 -0	Su Pleza, Shop No. H., Neur Currat Hospital, Chaphelair Chowk, Chinchwadgaon, Pune 411033. Mobile No.: 9766858412	Invoice No : CA/16863  Date : 27/10/2018  Time : 15:16:00	CA/10 2018	5863	Patient Name : Add : Doctor Name :	Patient Name : Add : Doctor Name :	KAN POO	POOJA DAHARE KAMAT A D	
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Receipt Time: 02:53 PM Age : 26 Yrs. Sex : Female  Amoun 30.00  Net Amount (') . 30.00  Date	rwade) Pooja Pravin lip (MD) iculars T 7797	Patient Name : Mrs. Dahare(Ku Patient Type : self Paying Doctor Name : Dr. Kamat Amit Di Department Bill No. Req No. Part OPD 25526 28482 Inj T Type Bank Name Debit Card CITI BANK Amount In Words : (') Thirty Only
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OUSAND TV	n only. E.& O.E.	Consult Your Doctor Before Using Medicine		1x0.5 ML	15xTAB	Qty x Unit	eral Stores
ONE THOUSAND TWO HUNDRED FORTY EIGHT ONLY	).E.	ng Medicine.		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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: 26 Yrs.	Age	vin	Mrs. Dahare(Kurwade) Pooja Pravin	rs. Dahare(Kui	••	Patient 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.: 27AFFN5835R1Z1 Dt No.: 20-P	ew Shdical & Ge	SIN Z
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. 3	Receipt Time: 12:31 PM Age: 26 Yrs.	Time	Receipt Age	-	3/0003868	34003 KH/OPD/2018/0003868	 주 34	Receipt No PRN No.
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NURED TW	only. E.& O.E	or Before Usi		20xTAB 20xTAB 10xTAB 6xTAB	Qty x Unit	Infi of stores
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	For NEW SHANTI MEDICAL/& GENERAL STORES  Pharmacist			N5996 SBT-5472 MB-70105 180800111	Batch	Invoice No : CA Date : 13/11/2018 Time : 22:37:00 User : MAIN
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Female		Sex			self Paying		Patient Type
: 26 Yrs.		Age	avin	Mrs. Dahare(Kurwade) Pooja Pravin	rs. Dahare		Patient Name
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			: Dr. Kamat Amit Dilip (MD)	: Dr. Kama	Doctor Name
; Female	Sex		/ing	: self Paying	Patient Type
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Phone No. 020-27354888/777 Kamat Hospital Pvt.Ltd. Chapekar Chowk, Chinchwad Pune Pin- 411033

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צי	OE		sing Medicine.		CREFIX 200 TAB SINUS 77 TRIPLE A CAL	Product Name	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								
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