



DIAGNOSTICS BILL

YH NO: 116220870

Receipt No: ORE197050/20

16040260

GSTIN: 36AABCD6598G1ZC

CAS - F-02

Patient Name: MRS. VIMALA B

Diag No: 16949268

Age & Gender: 60 Yrs / F

Date & Time of Billing: 14/12/2020 1:19:48 pm

Type: CASH

Doctor: M S ADITYA

Consultation Doctor: M S ADITYA

No	Test Cd	Name of Investigation	Reports After	Amount
1	CAST03	STRESS (TMT)		2,300.00
Total :				2,300.00
Paid :				2,300.00
Cash Amount :				2,300.00

1) No test can be encashed or exchanged in any profiles or packages.

2) Validity of the bill is 30 days from the date of bill.

7:00 AM - 9:00 PM (Working Days)

9:00 AM - 6:00 PM (Sundays & public Holidays)

LAHANDAY NARAYANA VA

- Note:
1. Please submit this receipt at the time of final bill settlement.
 2. Refunds if any above Rs. 5000/- will be done by A/c payee cheque only.
 3. Please retain a copy of this receipt, no duplicate copy will be issued.

D No: 1-156 & 157, Behind Hari Mata Kala Bhawan, S P Road, Secunderabad - 500 003, Telangana. Ph: +91 40 2771 3333, 4567 4567.

DHEERAJ MEDICALS

C/o Inside Yashwanth Hospital, V2, 2nd Floor, Santar Patel Road,
Secunderabad - 500 003 T.S. Phone: 040-67778153 Extn: 8285

DL No: TS/HYD/2017-29644
GSTIN: 36AEGPG2312H1Z2

TAX INVOICE

Name: DR. VIJAY K. P.		YHNR0110220075		3006025							
Name: ADITYA M.S. (CARDIOLOGIST)		INVOICE		14/12/2020							
Doctor:		Date:									
S.No	PRODUCT NAME	PACK	HSN CODE	MFG	SN	BATCH	EXP. DT	QTY	RATE	AMOUNT	GST%
1	COMPLET-A 20MG	30049074	SP	H	EM	1774	6/2022	6	4.90	29.40	12
2	ATLON 20MG TABS	30049074	SP	H	EM	1412	5/2023	10	14.85	148.50	12
3	CONCOR 5MG TAB	10'S	30049074	EME	H	11/0020	6/2022	10	8.76	87.60	12
4	FLAVEDUN MR TAB			SER	H	012007	4/2023	10	11.90	119.00	12
										465.50	
0% GST	TAXABLE	CGST TAX	SGST TAX	IGST TAX	Sub Total:		3.23				
5%	0.00	0.00	0.00	0.00	Less Disc:		42.92				
12%	357.74	21.46	21.46	0.00	GST Amt:						
18%	0.00	0.00	0.00	0.00							
28%	0.00	0.00	0.00	0.00							
Four Hundred Rupees Only										400.00	
Amt. in words:										Net Amount	

Please get your medicines checked by your Doctor before use*
COLD STORAGE ITEM CAN'T BE RETURNED OR EXCHANGED

0014460

NO RETURN: Exchange only within 1 month of purchase, bill must be produced
Loose medicines can not be exchanged / Returned.

E & O.E

PHARMACIST SIGN

APGST No.

CASH BILL

D.L. No. 20/KN/J/893/98
21/KN/J/893/98**KAVERI MEDICAL & GENERAL STORES**

No.

2754

Markandeya Colony, Godavarikhani-505 209

Date: 22/7/02

M/s

M S Mehru m

Patient Name & Address:

vimala

Qty	PARTICULARS	Mfg.	Batch No.	Date of Expiry	Schedule	AMOUNT	
						Rs	Ps
1475	TORPlat 90	Cont	80688	7/022	—	298	—
107	placodp	mte	7006	25.02	—	63	—
3075	thione	china	70011	10/02	—	255	—
1000	neuronalid. u	mte	7037	4/022	—	135	—
1000	santol ash	Sci	12096	6/021	—	120	—
1073	Levity mte	Lih/	875	6/021	—	160	—
						22	—

951 = 4

Signature

APGST No.

CASH BILL

D.L. No. 20/KNVJ/893/98
21/KNVJ/893/98**KAVERI MEDICAL & GENERAL STORES**

Markandeya Colony, Godavarikhani-505 209

No. **2760**Date: **2/9/22**

M/s

M S Nehru MD

Patient Name & Address:

Vimala

Qty	PARTICULARS	Mfg.	Batch No.	Date of Expiry	Schedule	AMOUNT	
						Rs	Ps
10 g	Diltrem 100 g	teru	367021	2/6/22	—	105	—
10 cap	vitadip	men	8645	—	—	130	—
10 a	ticavik - 90	Alkem	110872	10/10/22	—	170	—
10 r	menstic 100	Moh	211	8'	—	100	—
677	Azithromycin 500	Celtec	143	2/10/22	—	197	—

76252

Signature

APGST No.

CASH BILL

D.L. No. 20/KN/J/893/98

21/KN/J/893/98

KAVERI MEDICAL & GENERAL STORES

Markandeya Colony, Godavarikhani-505 209

No.

M/s

2757

Date: 20/1/2020

M. S. Dehru nag

Patient Name & Address:

vimal S

Qty	PARTICULARS	Mfg.	Batch No.	Date of Expiry	Schedule	AMOUNT	
						Rs	Ps
1 box	Zincobax 40	epi	3012	4/021	—	417	—
10 box	Ticvaal 90	Alum	10870	10/022	—	170	—
10 box	Lipitenil - 40	m-le	BS007	9/021	—	101	—
10 box	mescof 10 m box	manu	200569	4/022	—	100	—
10 box	neuro kind ph	m-le	76002	1/022	—	136	—
10 box	nebicaord-5	Tosst	0001	4/021	—	136	—
10 box	Sentre 200	Semy	9086	6/021	4	120	—

1180

Signature

MPGST No.

CASH BILL

21/KN/J/893/98

KAVERI MEDICAL & GENERAL STORES

No.

2782

Markandeya Colony, Godavarikhani-505 209

Date: 25/9/2020

M/s

M-S Nehru MD

Patient Name & Address:

Vimala

Qty	PARTICULARS	Mfg.	Batch No.	Date of Expiry	Schedule	AMOUNT	
						Rs	Ps
200g	A-fogarm 100	Tmt	20/02	31/02	—	602	—
200g	Robit 500	Hum	1902	12/02	4	180	—
200g	Levazmk	Hum	961C	10/02	6	200	—
100g	Cleer 05	Semi	19221	9/02	8	80	—
100g	C.T.D. 625	SPC	00065	3/02	—	50	—
200g	Amik 100	MOM	200569	4/02	—	100	—
200g	Alkoren 5	Hum	62/01	9/02	—	302	—
						1514	—

1514 = w

Signature