

## Post-Operative Medicine Prescription

Name: Mr. Rekha Upadhyay

Date: 20-1-18

Right Eye / Left Eye

UID : 2980

1 Eye Drop Predforte

1<sup>st</sup> week 6 times a day.....8am...11am...2pm...5pm...8pm....11pm  
2<sup>nd</sup> week 5 times a day.....8am....11am..1pm..4pm.....7pm  
3<sup>rd</sup> week 4 times a day.....8am....12pm..4pm....8pm  
4<sup>th</sup> week 3times a day.....8am....4pm...11pm  
5<sup>th</sup> week 2 times a day.....8am.....8pm  
6<sup>th</sup> week 1 time a day .....8am~

2. Eye drop Nevanac / Amplinak .....3 times a day for 6 weeks  
9am.....5.30pm.....09pm

3 Eye drop Milflox / Vigamox 0.5% (Alcon Labs)..... 4 times Per day for 10 Days  
10am....3pm.....6pm...10pm

4 Eye Drop Tear drops/ Refresh tears... 2 times to be started from 11<sup>th</sup> day onwards  
till over. 3PM.....10PM

5. Tab Combiflam 1tab 2times a day for 2 days.....after lunch and dinner.  
Then as required

6. Cotton Roll - 1  
7. Micropore Tape - 1  
8. Eye shield - 1

  
Dr Bhavin Dharani  
Chief Cataract & Lasik surgeon  
Contacare Eye Hospital, Mulund

Check up Schedule

1<sup>st</sup> visit: 22/1/18

4 to 6pm  
4.00 pm

1 28/1/18 11 to 6pm

2<sup>nd</sup> visit: 27/1/18

3<sup>rd</sup> visit:

Final checkup and glass prescription on / / 2017



## —Post-Operative Care—

### Do's



Wear eye glass or eye shield as advised by your doctor



Carefully wash hands well with soap and water before applying eye medications



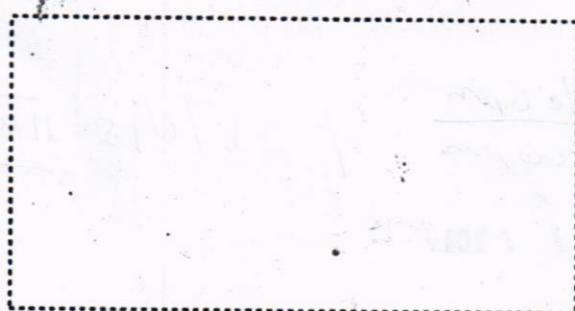
Instill your eye drops regularly as prescribed by the doctor



Take adequate rest on the day & following day of surgery to promote healing



Go for regular visits as advised by your doctor



### Don'ts



Avoid strenuous activity like playing with children, lifting heavy weight, driving, swimming, etc. until advised



Do not rub the eye with hand or handkerchief



Do not bend when tying your shoe laces, lifting objects etc. until advised by your doctor



Do not have a head water bath until advised



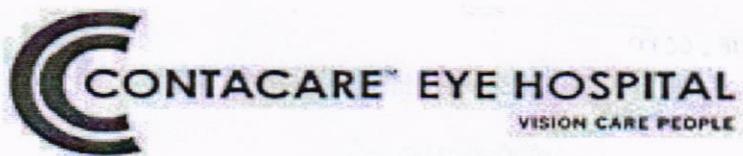
Avoid deep coughing, sneezing and straining while passing stools for a month



Avoid dusty areas and beaches as sand dust makes eyes prone to infection

Issued in public interest by





Patient name: Mrs. Rekha

CRN NO: 2980

EYE: Right eye Date:

\* PRE OPERATIVE BLOOD INVESTIGATION \*

✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ CBC, FBS, PPBS, HIV1&2, Hbsag,, URINE(R), ECG, BP

\* PRE OPERATIVE MEDICATIONS \*

1 GATILOX/ ZYMER E/D Eye drops.....I.....I 3 Times a day 3 days prior to operation

- Date .....

2 TROPICACYL PLUS E/D I.....I.....I.....I 15 - 15 - 15 -

( On the day of surgery start this drops one hour before the operation 4 times gap of every 15 minutes one drops only in.....eye.)

\*PRE-OPERATIVE CARE \*

- patient should eat their snacks/meals & drink water before surgery. Food taken should be moderate
- patient should have head bath on the morning before surgery.
- patient should come to the hospital 15minutes before given time of surgery and bring all the recent reports as advised by the doctor.
- If the patient is on medication for high blood pressure or diabetes, the medication must be taken as usual and all medications should be brought to the hospital on the day of surgery.
- As instructed by the doctor, all eye drops and medications to be started before surgery.
- Take adequate sleep before surgery
- Do not drive on the day of surgery
- Do shaving before surgery. Do not apply after shave, perfume, scented products.
- Do not wear gold jewellery on the day of surgery.

COUNSELLOR SIGNATURE

PATIENT SIGNATURE

DOCTOR SIGNATURE

25681717 / 8655849396

Arati / Archana - Ins  
Counselling

mulund.tpa@contacare.com

LENS PACKAGES Phacoemulsification

MONOFOCALS

Foldable Hydrophilic Basic Package	8000	- 5800 / -
Foldable Hydrophilic Square edge	12500	:
Foldable Hydrophilic enhanced Contrast	18000	
Foldable Hydrophobic Aspheric	25000	+/- 800
Foldable Hydrophobic, yellow , Aspheric , enhanced contrast	35000	→ UV → -
Microinsion Foldable Hydrophobic, yellow, aspheric enhanced contrast	45000	→ MICS

MULTIFOCALS

X✓

Hydrophobic Yellow	50000
Trifocal Lens	60000

Zepto technology precise Privileged treatment: Capsule opening Done by Special Machine 15000 Appro

Inclusion Charges	Exclusion Charges
IOL Charges	Anaesthetist Charges Rs. 800 ↗
Surgeon Charges	A-Scan Lens Power Calculation Rs.1000 < 1000 / - 500 /
OT&Consumable Charges	Pre & Post Drops Operative eye medications < . 1000 / -
Ward Charges	Blood Reports ↗

# Discharge Summary

Name : Mrs.Rekha Upadhyay

CRN NO : 2980

Age / Sex : 46 yrs/ Female

Mobile No: 9930822750

Address : Badalapur (E)

Diagnosis : Right Eye cataract

Date of Admission : 20/01/2018

STYLE:AS-6Y

Date of Surgery : 20/01/2018

LENGTH :12.50

POWER :+21.50

Date of Discharge : 20/01/2018

OPT.DIA :6.00

RECORD

Systemic Diseases : Nil



POJG7B3CSQ01521

General Condition : Under Control

## OPERATION NOTES

Anesthesia : Local Anesthesia

CRN NO : 2980

Procedure : Right Eye cataract surgery by phacoemulsification with foldable lens implantation.

Post Operative : Eye Quiet.

Name Of IOL : Acryol EC

Advice : Follow the instruction and medication given by Doctor/Nurse.

Review : After 1 day.

Surgeon Name : Dr. Bhavin Dharani

For Emergency : Kindly call 8655849396/ 022-25681717

Dr. BHAVIN J. DHARANI  
M.B.B.S, D.N.B. (Ophthalmology)  
Cataract & Lasik Surgeon  
Ant. Seg. Specialist  
Reg. No. 2005/09/3401

## Branch Office :

Mulund : Ground Floor, Behind Reliance Trends, Neptune Uptown Building,  
Opp Mulund Post Office, Netaji Subhash Road, Near Mulund Station,  
Mulund west, Mumbai-400080, Maharashtra, Ph. : 022-62587600

Email Id: customercare@contacare.com

TOLL FREE NO. 1800-266-9770

**CONTACARE**  
**EYE HOSPITAL**  
VISION CARE PEOPLE



### FORM 'C'

**Certificate of Registration under Section 5 of Maharashtra  
(Bombay)**

**Nursing Homes Registration Act, 1949.**

**Renewed**

'This is to certify that DR. BHAVIN JAGDISH DHARANI have been Registered under the Bombay Nursing Homes Registration Act, 1949, in respect of CONTACARE EYE HOSPITAL and has been authorized to carry on the said Nursing Home.

Registration No. : 887534681  
Date of Registration : 18.02.2013  
Ward : T Ward  
Place : ; NEPTUNE UPTOWN,  
IN FROUNT OF POST OFFICE, MULUND,  
MUMBAI-400080  
Total Number of Beds : 12  
Date of Issue of Certificate : 27.09.2017

This Certificate of Registration shall be valid up to 31st March 2019.

The Money collected for Nursing Home is Rs. 600.00/- dated 02.04.2016,  
Receipt No. 709342372.

*Nilash*  
27/9/17  
Medical Officer of Health  
Medical Officer of the Hospital  
T Ward Office

*Chintan*  
27.9.2017  
Assistant Health Officer,  
Municipal Corporation of Greater Mumbai



**CONTACARE EYE HOSPITAL**

VISION CARE PEOPLE

### CASE SUMMARY

Date:06/01/2018

Name :Mrs.Rekha Upadhyay

Age :46y/Female

CRN :2980

Complaints: Right eye defective vision since 4 months

#### RIGHT EYE

VISION : 1/60

NCT : 20 mm Hg

Anterior Segment : cataract

Posterior Segment : NAD [0.5 CDR]

#### LEFT EYE

6/6

20mm Hg

cataract

NAD[0.5CDR]

Advice Right eye cataract surgery by phacoemulsification with foldable lens implantation under LA

Dr. BHAVIN J. DHARANI  
M.B.B.S, D.N.B. (Ophthalmology)  
Cataract & Lasik Surgeon  
Ant. Seg. Specialist  
Reg. No. 2005/09/3401

Contacare Ophthalmic Pvt. Ltd.  
CIN:U24230MH1997PTC108029

**Branch Office : Mulund :** Ground Floor, Behind Reliance Trends, Neptune Uptown Building,  
Opp Mulund Post Office, Netaji Subhash Road, Near Mulund Station, Mulund west, Mumbai-400080,  
Maharashtra, Ph. : 022-62587600



**CONTACARE EYE HOSPITAL**

VISION CARE PEOPLE

*ORIGINAL*

**BILL CUM RECEIPT**

**BILL NO.** : 179      **DATE** : 20.01.2018  
**NAME** : MRS.REKHA UPADHYAY.      **CR. NO.** : 2980  
**AGE : 46 SEX :** FEMALE      **ROOM TYPE :** DAY CARE

**ADDRESS** : BADLAPUR (E), MUMBAI, MAHARASHTRA.

**DATE OF ADMISSION** : 20.01.2018 **DATE OF DISCHARGE** : 20.01.2018

**PROCEDURE** : RE-PHACO WITH FOLDABLE IOL

**SURGEON I/C** : DR. BHAVIN DHARANI.

<b>Particulars</b>	<b>Unit</b>	<b>Rate</b>	<b>Amount</b>
PHACO WITH FOLDABLE IOL	1.00	35,800.00	35,800.00
<b>Billed Amt : Thirty Five Thousand Eight Hundred. Only.</b>		<b>Sub Total:</b> 35,800.00	<b>Grand Total</b> 35,800.00
<b>PAYMENT SUMMARY :</b>			
20/01/2018 CHEQUE 443570 STATE BANK OF INDIA.		35,800.00	
		<b>Balance Amount :</b>	0.00
<b>Patient/Attendent Signature</b>		For Contacare Eye Hospital, Mulund (W).	
		Authorised Signatory	

Contacare Ophthalmic Pvt. Ltd.  
CIN:U24230MH1997PTC108029

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Maharashtra, Ph. : 022-62587600



# CONTACARE EYE HOSPITAL

VISION CARE PEOPLE

## BREAK UP BILL

Bill no : 179

Bill Date : 20/01/2018

Patient Name : MRS.REKHA UPADHYAY.

CR No. : 2980.

Procedure : RE PHACO WITH FOLDABLE IOL

PHACO WITH FOLDABLE IOL	AMOUNT
BED CHARGES	600
OT CHARGES	5200
ANAESTHESIA CHARGES	800
SURGEON FEES	13500
CONSUMABLES CHARGES	3000
IOL CHARGES	12700
<b>TOTAL AMOUNT</b>	<b>35800</b>
<b>FINAL AMOUNT</b>	<b>35800</b>

In Words : Thirty Five Thousand Eight Hundred Only.

### Contacare Eye Hospital

Neptune Uptown Building Near Railway Station  
Opp. Mulund Post Office. NS. Road Mulund.  
Mumbai 400080

Ph No: 02225681717,0226287600



Contacare Ophthalmic Pvt. Ltd.  
CIN:U24230MH1997PTC108029

**Branch Office : Mulund :** Ground Floor, Behind Reliance Trends, Neptune Uptown Building,  
Opp Mulund Post Office, Netaji Subhash Road, Near Mulund Station, Mulund west, Mumbai-400080,  
Maharashtra, Ph. : 022-62587600



**CONTACARE EYE HOSPITAL**

VISION CARE PEOPLE

### Break Up Bill

Date :- 20/01/2018

Patient Name : Mrs.Rekha Upadhyay.

Age : 46 Years

Gender : Female

CR No. : 2980

Phone No. : 9930822750.

Date of Surgery : 20/01/2018

Surgery Details : Cataract Surgery

#### **Break up Cataract Surgery OT Consumable**

<b>S.No</b>	<b>Particular</b>	<b>Amount</b>
1.	<b>Cassette Charges</b>	<b>2500</b>
2.	<b>Gloves Charges</b>	<b>100</b>
3	<b>Kerotome Charges</b>	<b>50</b>
4	<b>Sideport Charges</b>	<b>50</b>
5	<b>Viscomate Charges</b>	<b>60</b>
6	<b>Eye drape Charges</b>	<b>110</b>
7.	<b>Syringe Charges</b>	<b>30</b>
8.	<b>BSS Charges</b>	<b>100</b>
	<b>Total</b>	<b>Rs.3000.00</b>

(In Words : Three Thousand Only )

Authorized Signature



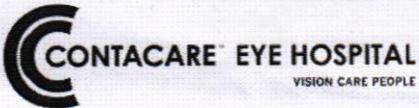
Contacare Eye Hospital , Mulund (Mumbai).

Contacare Ophthalmic Pvt. Ltd.  
CIN:U24230MH1997PTC108029

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Opp Mulund Post Office, Netaji Subhash Road, Near Mulund Station, Mulund west, Mumbai-400080,  
Maharashtra, Ph. : 022-62587600

# RETAIL INVOICE

<b>CAREGROUP SIGHT SOLUTION LLP</b> 26/A, Gandhi Oil Mill Compound. Near Industrial Estate, Gorwa, Vadodara-390 016. customercare@caregroupindia.com  20B GJ-VAD-109427, 21B GJ-VAD-109428		Invoice No. BRG/RI/P/17-18/0563	Dated 20-Jan-18			
		Supplier's Ref.	Other Reference(s)			
		Despatched Through	Destination			
		P. O. Reference				
		Terms of Delivery				
<b>Consignee Tin :</b>						
Sr. No.	Description of Goods	VAT %	Quantity	Rate	Per	Amount
1	PATIENT REF: MRS REKHA UPADHYAY	FOLDABLE HYDROPHOBIC INTRAOCULAR LENS (STERILE) ACRIOL EC	1	11339.29	LENS	11339.29
<small>AMOUNT CHARGEABLE (IN WORDS)</small> <b>RUPEES TWELVE THOUSAND SEVEN HUNDRED ONLY</b>		1 LESS DISCOUNT 0.00% 0.00 AFTER DISCOUNT TOTAL RS. 11,339.29  SGST 6.00% 680.36  CGST 6.00% 680.36  OTHER CHARGE (IF ANY) 0.00  INVOICE AMOUNT (Rs.) 12,700.00  For CAREGROUP SIGHT SOLUTION LLP				
Company's VAT TIN NO: 24190308094 DT-18-4-2017  Company's CST TIN NO : 24690308094 DT-18-4-2017		 <small>Authorised Signature</small>				
<small>SUBJECT TO VADODARA JURISDICTION</small> This is a Computer Generated Invoice						



Neptune uptown building opp mulund  
post office Netaji Subhash Road,, near  
mulund station, Mulund West, Mumbai,  
Contact 022 62587600

unit of Contacare Ophthalmic Pvt. Ltd.

OPD BILL

ORIGINAL

DATE : 06.01.2018

No. : 4459

CR No. : 2980/MULUND

1:15:38 pm

NAME : Mrs. REKHA UPADHYAY  
BHD

Age : 46 yrs  
Sex : FEMALE

ADDRESS : BADLAPUR (E) MUMBAI MAHARASHTRA 9930822750

Doctor : Dr. Bhavin Jagdish Dharani

S.No.	PARTICULARS	AMOUNT
1	REVISIT	200.00

BEING CASH PAID

The billed amount has been received in - Cash	Sub Total :	200.00
		0.00
	Net Total :	200.00
	Amount Paid :	200.00

Cash Tender: 0 Change: -200

Balance : .00

Your waiting No. is 16

Reporting Time:

Bill Created By : NITESH

Authorised Signatory

CONTACARE EYE HOSPITAL  
NEPTUNE UPTOWN BLD,  
NEAR MULUND RAILWAY STATION,  
N. S. ROAD, MULUND WEST,  
Contact-022-25681717,

CONTAGARE EYE HOSPITAL  
NEPTUNE UPTOWN BLD.  
GEAR MULUND RAILWAY STATION  
S. ROAD, MULUND WEST  
Mumbai - 400 089 (142)

# GST TAX INVOICE

GETWELL CHEMIST  
 SHOP NO.3 KADAB KUNJ BLDG.  
 GANESH GHAT KATRAP  
 BAWLAPUR (EAST)  
 State Code : 27 MAHARASHTRA

Patient: REKHA UPADHYAY  
 Address : BAWLAPUR  
 Doctor : BHAVIN DHARANI  
 Address : MUMBAI  
 State Code: 27 MAHARASHTRA

Inv.No: CA/7440

Date : 19/01/2018

Time : 11:49:00

QTY X PACK	PRODUCT	COMP	BATCH	EXP	M.R.P.	SALERATE	AMOUNT
1 x 5 ML	TROPICACYL PLUS EYE DROPS	MAY	TP1626	11/18	48.50	43.30	43.30

TOTAL OGST:	2.60	SGST:	2.60	Get well soon...	GROSS :	43.30
For GETWELL CHEMIST					ADD :	5.20
( REGD. PHARMACIST )					LESS :	0.00
D.L.No.:	20MH-TZ6-135184,	21MH-TZ6-135185,	20CMH-TZ6-135186,	Subject To THAME Jurisdiction	NET AMT :	48.50

GSTIN : 27BDDCP08116M121 PAN:BDCCPC08116M  
 ( REGD. PHARMACIST )

## ESTATE TAX NOTICE

ESTATE OF GEORGE

SARAH WOODWARD

MURKIN, MURKIN &amp; CO., ATTORNEYS

1100 University Street, Seattle, Washington 98101

STATE BANK & TRUST COMPANY  
1200 University Street, Seattle, Washington 98101THEODORE G. BROWN, JR.  
1100 University Street, Seattle, Washington 98101JOHN R. BROWN, JR.  
1100 University Street, Seattle, Washington 98101JOHN R. BROWN, JR.  
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1100 University Street, Seattle, Washington 98101JOHN R. BROWN, JR.  
1100 University Street, Seattle, Washington 98101

**AMBAJI MEDICAL** (CHEMIST AND DRUGGIST)

SHOP NO-2, THAVARDAS BHAVAN, N.S. ROAD, MULUND WEST, MUMBAI-80 PH 022-25929872/773859410

A/C TRANSFER

DATE: 23/01/2018 7:40:57PM

BILL # 89825

PATIENTS NAME & ADDRESS: REKHA UPADHYAY

GANESH GHAT BADLAPURE EAST

DOCTORS NAME & ADDRESS: BHAVIN DHARANI

MULUND

QTY	PRODUCT	MFG.	B. NO.	EXPIRY	AMT
1.0X5	VIGAMOX EYE DROP	ALCON	280122	May'19	272.00
1.0X5	NEVANAC 0.1% EYE DROP	ALCON	121F	Jan'19	267.00
1.0X10	TEAR EYE DROPS <10ML>	MIL	3074	Jan'19	129.75
1.0X10	PRED FORTE EYE DROPS	ALL	P2019	Aug'19	34.18
1.0X20	COMBIFLAM TABLET	AVENTI	1290	Oct'19	28.63

Dear Customer, Your Customer ID is . 19,689

Ant Received	731.56	Return Amt.	0.00
DELV. BY:	Delv.	CUST.ADD. :	BADLAPUR EAST TULSI ANGAN B WING
PREPARED BY :	MANISH DEWASI	PHARMACIST:	
5 Item(s)			
D.L.NO 20C Z 5/80/522, 21-Z 5/80/513,20-Z 5/80/515 VAT TIN 27870167619 GST NO 27AVNPS226			
<b>Grand Total</b>	<b><u>731.56</u></b>		

9852526216



# AMBAJI MEDICAL (CHEMIST AND DRUGGIST)

SHOP NO-2, THAVARDAS BHAVAN, N.S. ROAD, MULUND WEST, MUMBAI-80 PH 022-25929872/7738594410

## CREDIT CARD PAYMENT

DATE: 06/01/2018 4:39:10PM

BILL # 84666

PATIENTS NAME & ADDRESS:

REKHA UPADHYAY

MULUND

DOCTORS NAME & ADDRESS:

BHAVIN J.DHARANI

MULUND

QTY

PRODUCT

MFG.

B. NO.

EXPIRY

AMT

1.0X5

ZYMAR EYE DROPS.

ALL

P2004

Aug'19

70.50

Dear Customer, Your Customer ID is 19,689

Amt Received

70.50

PREPARED BY : SANJAY K GUPTA

PHARMACIST:

Return Amt.

0.00

1 Item(s)

*Revered*  
Grand Total

'70.50

D.L.NO 20C Z 5/80/522, 21-Z 5/80/513,20-Z 5/80/515 VAT TIN 27870167619 GST NO 27AVNPS26

**AMBAJI MEDICAL** (CHEMIST AND DRUGGIST)

SHOP NO-2, THAVARDAS BHAVAN, N.S. ROAD, MULUND WEST, MUMBAI-80 PH 022-25929872/7738594410

**A/C TRANSFER**

**DATE: 20/01/2018 1:55:46PM**

**BILL # 88856**

PATIENTS NAME & ADDRESS: REKHA UPADHYAY

GANESH GHAT BADLAPURE EAST

DOCTORS NAME & ADDRESS: BHAVIN DHARANI

MULUND

QTY	PRODUCT	MFG.	B. NO.	EXPIRY	AMT
1.0X5	VIGAMOX EYE DROP	ALCON	122F	May'19	272.00
1.0X5	NEVANAC 0.1% EYE DROP	ALCON	121F	Jan'19	267.00
1.0X10	REFRESH TEARS DROPS	ALL	P3043	Sep'19	129.80
1.0X20	COTTON (20GM) SHIVANI	GP	276	Nov'20	22.00
1.0X10	PRED FORTE EYE DROPS	ALL	P2019	Aug'19	34.18
1.0X1	MICROPORE TAPE 1" INCH	BIR	1108	Jan'22	127.00
1.0X1	EYE SHIELD	ROM	***	Oct'19	6.00

Dear Customer, Your Customer ID is 19,689

Ant Received  
DEL.V. BY: Delv.

**857.98**

CUST.ADD.: BADLAPUR EAST TULSI ANGAN B WING  
104

**Return Amt.**

**0.00**

PREPARED BY : DINESH KANAL

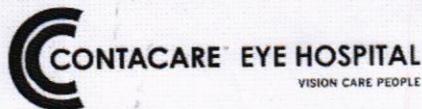
PHARMACIST:

7 Item(s)

D.L.NO 20C Z 5/80/522, 21-Z 5/80/513,20-Z 5/80/515 VAT TIN 27870167619 GST NO 27AVNPS226

**Grand Total**

**857.98**



Neptune uptown building opp mulund  
post office Netaji Subhash Road,, near  
mulund station, Mulund West, Mumbai,  
Contact 022 62587600

unit of Contacare Ophthalmic Pvt. Ltd.

OPD BILL

ORIGINAL

DATE : 06.01.2018

No. : 4462

CR No. : 2980/MULUND

3:39:41 pm

NAME : Mrs. REKHA UPADHYAY  
BHD

Age : 46 yrs

Sex : FEMALE

ADDRESS : BADLAPUR (E) MUMBAI MAHARASHTRA 9930822750

Doctor : Dr. Bhavin Jagdish Dharani

S.No.	PARTICULARS	AMOUNT
1	A-SCAN PER EYE	500.00

BEING CASH PAID

The billed amount has been received in - Cash	Sub Total :	500.00
		0.00
	Net Total :	500.00
	Amount Paid :	500.00

Cash Tender: 0 Change: -500 Balance : .00

Your waiting No. is 16

Reporting Time:

Bill Created By : NITESH

Authorised Signatory

CONTACARE EYE HOSPITAL  
NEPTUNE UPTOWN BLD,  
NEAR MULUND RAILWAY STATION,  
N. S. ROAD, MULUND WEST,  
Contact-022-25681717.

Goutard-055-22681212  
M.S. ROAD, MULUND WEST  
NEAR MULUND RAILWAY STATION  
NEAR TURNING POINT ON BLD.  
CONGAREE EYE HOSPITAL



# ASHKA

Multispeciality Hospital

Shubhamkaroti Building, Katrap, Kulgaon, Badlapur (E) Ph.: 9146395875

Bill No. :

**1878**

Date : 8/11/2018

Name :

Renkhe Upadhyay

DOA :

8/11/2018

DOD :

8/11/2018

Particulars	Amount Rs.	P.
Registration Charges		
Bed Charges Gen / Special / ICU		
Consultation Fees		
Daily Visit Charges		
Visiting Consultant Charges		
Dressing Charges		
X-rays / E.C.G. Charges	<u>300</u>	
Trombolisation Charges		
Blood Transfusion / IV infusion Charges		
Physiotherapy Charges		
Sister's Charges		
Oxygen		
Surgeon's Charges		
Assistant Charges		
Other Charges		
<b>TOTAL</b>	<u>300</u>	

(In words

Three hundred only

For **ASHKA Multispeciality Hospital**  
**MULTISPECIALITY HOSPITAL**  
 Shubhamkaroti Building,  
 Katrap, Kulgaon, Badlapur (E).  
 Reg. No : THN-C-210

**ASA-2A**



Supplementary Information provided by the Board of Education  
Date \_\_\_\_\_

Date \_\_\_\_\_

1928

1928

Rate

Percentage

Capitalization Charge

and Interest Due on Capital

Current Income Tax

State and Local Taxes

Appropriation for General

Use \_\_\_\_\_

Capital Expenditures

Building Maintenance and Operation Charges

Interest on Building Fund Debt

Other Expenses

Other Taxes

Other Income

Other Expenditures

Other Income

Other Expenditures

Other Income

Other Expenditures

For Other than Building Fund Debts

Amount \_\_\_\_\_

**Bill cum receipt**

NAME : Mrs. REKHA UPADHYAY  
Patient No : P52170023553  
Visit No. : 52170302639  
Age/Sex : 46 Year(s) / F  
Ref Doctor : Dr.BHAVIN DHARANI  
Patient History : DAIBETIC ON MEDICATION WP  
Client : METROPOLIS HEALTHCARE LTD - AMBERNATH

Bill Date : 08/01/2018 08:45 AM  
Bill No : 52170302639  
Contact No : 9930822750  
Email : pratikintelclass@gmail.com  
Mode of Delivery : Email,Sms

Tests	Report Date	Amount
Pre-Operative Profile (Mini)	09/01/2018 05:00 PM	1200.00
Glucose post prandial	08/01/2018 05:00 PM	85.00

Payment Mode	Gross Total	: 1285.00
Credit/Debit Card - Indian Rupee - 1285.00 ( master card - 7397 )	Tax	: 0.00
	Grand Total	: 1285.00 INR
	Received Amount	: 1285.00 INR

Please Collect All Reports on : 09/01/2018 05:00 PM BILLED BY : SMITA KAMBLE

Amount Received in words : ( INR) ONE THOUSAND TWO HUNDRED AND EIGHTY-FIVE

Category Of Service : Health Services by a clinical establishment.

Bill Location : Ambernath

Dear Customer - You shall receive an SMS; as soon as your report/s is ready. Your report/s shall be e-mailed to your registered email address & we request you to please do check on your Spam/Junk folder; if not found in your Inbox.

## RECEIPT

1. Tests are performed as per the test schedule given in the test listing. In unforeseen circumstances (non-availability of kits, instrument breakdown, re-checks etc.) tests results may not be reported as per the schedule. The delay however will be minimized and in such cases the tests may be outsourced at the sole option of Metropolis to an accredited Lab. Any claims/complaints related to delays shall NOT be held against Metropolis Healthcare Ltd.
2. It may not be possible for a test requested to be performed for the following reasons:
  - a. Quantity of specimen received is insufficient (QNS) for performing the test requested.
  - b. Quality of specimen received is unacceptable (haemolysed/clotted/lipemic etc.)
  - c. Any other Genuine Reason in Interest of the Quality of the Result
- In this case a fresh specimen will be collected/ sent for reporting of the same parameter(s).
3. To maintain confidentiality of the reports, the results of the tests will not be conveyed telephonically.
4. Report/s will be handed over to the bearer of this receipt, as the authorized representative of the customer.
5. A cancellation or change of test is not possible post issuance of this receipt. Charges paid therefore cannot be refunded.
6. Since Metropolis does not verify the identity or the details of the customer except in case of certain tests, it cannot be held responsible for any misrepresentation or misuse.
7. All samples collected outside Metropolis labs/ patient centers should be prepared, stored, labelled and brought as per the guidelines of Metropolis. Metropolis cannot be held liable for incorrect results of any samples which are not as per the guidelines issued (applicable to samples collected outside Metropolis Centers).
8. It is assumed that the demographics and the test details are verified and confirmed by the recipient, in case of any corrections please immediately contact the customer support / front desk for assistance.
9. Through this document, we have your consent that the blood collection procedure being executed for you may occasionally involve side effects like Hematoma & Pain.
10. All dispute and claims are subjected to Mumbai jurisdiction only.
11. For any feedbacks, suggestions or complaints to improve our services further please write to support@metropolisindia.com.

### Post-Venipuncture Care :

To serve you better, we have prepared the following information& instructions guidelines to help in the healing process and make your arm feel comfortable.

### Post Venepuncture Care

- 1) Apply pressure at the phlebotomy site for a few minutes.
- 2) Keep the band aid for at least 2 hours
- 3) Do not lift heavy objects with that hand

Some rare incidents that may occur are-

- 1) Significant bruising at the punctured site #
  - 2) Bleeding from the punctured site #
  - 3) Painful swelling and discomfort #
  - 4) Tingling and numbness in the limbs
- # Possible if you are on blood thinning medications or have a disorder

### Following are the suggestive actions-

1. If bleeding continues, apply prolonged pressure till bleeding stops
2. If pressure fails, use ice compressions till bleeding or swelling subsides
3. On event of prolonged complains , please contact your family physician

### For feedback :

Email your queries at: [support@metropolisindia.com](mailto:support@metropolisindia.com)

## Subject to Mumbai jurisdiction only. E. & O. E.

I/ We hereby render my/our unconditional consent for the following:-

1. Using of my/our sample provided to the Company for any reflex test/s, if required.
2. After the completion of the test/s which are requisitioned to the Company; the remaining sample may be stored & used for quality assurance purpose.
3. To receive information/ to be contacted by e-mail, telecommunication and through any other electronic means to me/us from Metropolis and any of its group companies, time to time.



GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allotted by the TPA
c) Type of Hospital	Indicate whether In network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allotted by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of hospital	Name of hospital in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of admission	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter time of admission	Use hh:mm format
h) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
i) Time	Enter time of discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
m) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
<b>SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)</b>		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open Text
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allotted by the Medical Council of India
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
<b>SECTION F - DECLARATION BY THE HOSPITAL</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign and stamp		

Mrs. Rekha Upadhyay

A-Scan - Contact (Biomedix)

Date - 06/01/18

CR. NO - 2980

NAME

06\_JAN\_2018 PM 02:56  
NO. 8439

SN: 4732192

KRT. DATA

<R>	D	MM	A
H	40.75	8.27	180
V	40.25	8.39	90
AVE	40.50	8.33	
CYL:	-0.50	90	

<L>	D	MM	A
H	41.50	8.15	5
V	40.75	8.27	95
AVE	41.25	8.21	
CYL:	-0.75	95	

TOPCON

CONTACARE EYE HOSPITAL MULUND

(RE) 118.80

(LE) 118.80

21.00 + 0.07

21.50 - 0.16

21.50 - 0.29

22.00 - 0.51

22.00 - 0.64

K<sub>1</sub> - 41.50

K<sub>1</sub> - 40.75

K<sub>2</sub> - 40.75

K<sub>2</sub> - 40.25

AXL - 24.26

AXL - 24.53

E-mm - 21.27

E-mm - 21.10

ACD - 3.55

ACD - 3.89

AXL < 24.53, 24.59, 24.46  
24.20, 24.18, 24.26

Arif

BB

Dr. BHAVIN J. DHARANI  
M.B.B.S, D.N.B. (Ophthalmology)  
Cataract & Lasik Surgeon  
Ant. Seg. Specialist  
Reg. No. 2005/09/3401

1.  $\text{H}_2\text{O} + \text{Na}_2\text{CO}_3 \rightarrow \text{NaHCO}_3 + \text{NaOH}$   
2.  $\text{NaHCO}_3 \rightarrow \text{Na}_2\text{CO}_3 + \text{CO}_2$

3.  $\text{NaOH} + \text{H}_2\text{O} \rightarrow \text{NaOH}$

4.  $\text{NaOH} + \text{H}_2\text{O} \rightarrow \text{NaOH}$

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23.  $\text{NaOH} + \text{H}_2\text{O} \rightarrow \text{NaOH}$

24.  $\text{NaOH} + \text{H}_2\text{O} \rightarrow \text{NaOH}$

25.  $\text{NaOH} + \text{H}_2\text{O} \rightarrow \text{NaOH}$



# ASHKA

Multispeciality Hospital

Shubhamkaroti Building, Katrap, Kulgaon, Badlapur (E) Ph.: 0251-2690385 / 8600516386

Pt. Name :

*Ruchi patil*

Date : 8/11/2016

RX

B-f-

130 / 86cm

7 - 00pm