



: 16-12-2023

MR NO : CBEL.0000242551

Department

Doctor

: ORTHOPAEDICS

Name

Mr. DEEPAK CHAWLA

: Dr. SHRINIDHI I S

Age/ Gender

: 29 Y / Male

Registration No Qualification

: MBBS, DNB Orthopaedics

: 70081

Consultation Timing: 16:15

Height:

Temp: 08 . 16

Weight: Pulse: 766 m

BMI:

Resp:

Waist Circum:

B.P: 113 70.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

cloneck pain à Left shoulder-dwk

NO DANG

Licay Coresical Spretter & Early braking Kray Loft Shoulder-AP - WML ERGONOMIC (HAIRS.

T. NUCOXIA MEG TOTAL (52.

C. BLOWPAN ASR I OUBF

, Hot padas

, Rest

Avoid stren asymmetry

(a=9.0) 0=11.57 B12=135.

Follow up date: MA 1WK/SOS.

Doctor Signature

Apollo Clinic, Bellandur

74/1, Bellandur Ring Road, Varthur, Bangalore East, Pin:560037

Phone: (080) 4022 2555

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Name : Mr. DEEPAK CHAWLA

Age/Gender

Contact No

: 29 Y M : +919694442980 Bill Of Supply

Bill No Bill/Reg Date Referred by

: CBEL-OCS-330222 : 16.12.2023 16:39 : Dr. SHRINIDHI I S

Address UHID		: BELLADNUR : CBEL.0000242551			Center : Bellandur Emp No/Auth Code :							
#	Department	Description Of Service	SAC/HS Code	N Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGS Am	Net Value
1	Radiology Tests	X-RAY CERVICAL SPINE AP AND LAT	999316	1	1,060.00	1,060.00	0.00	0.00	0.00	0.00	0.0	00 1,060.00
2	Radiology Tests	X-RAY SHOULDER AP LEFT	999316	1	705.00	705.00	0.00	0.00	0.00	0.00	0.0	
Payments		Receipt No		Mode		Amount					Amount: Discount:	1.765.00
Settlement 16-12-2023		CBELRCA327559		PhonePe		1,765.00				Patient	Payment:	1,765.00
										Pa	Patient Due:	

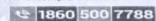
ou can download your report from "www.apolloclinic.com" Enter user name as CBELOPV453959 and password as 217632

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GSTIN: 29AADCA0733E1Z3





Age/Gender

: Mr. DEEPAK CHAWLA : 29 Y M

Contact No : +919694442980 Address : BELLADNUR UHID

: CBEL.0000242551

Bill Of Supply

Bill No Bill/Reg Date Referred by

: CBEL-OCS-330211 : 16.12.2023 16:16 : Dr. SHRINIDH11S

: Bellandur Center

		P 1 1 0 0 0 0 1		Emp No/Auth Code :									
#	Department	Description Of Service	SAC/HS? Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST	SGST/UTGST Rate	SGST/UTGST Amt	Net Value	
1	General Registration	Dr. SHRINIDHI I		1	100.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00	
2	OP Consultation		999312	1	700.00	700.00	0.00	0.00	0.00	0.00	0.00	700.00	
_										1	Bill Amount:	800.00	
Description		Descine Ma		Made		Amount							

Payments Receipt No Settlement 800.00 CBELRCA327551 PhonePe 16-12-2023

0.00 Total Discount: 800.00 Patient Payment: 0.00 Patient Due:

Received with thanks: Eight Hundred Rupees only

Authorized Signature :(Meenakshi)

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GSTIN: 29AADCA0733E1Z3

Address: 22, 23, 24, 25/101/5, Sree Roma Layout, BNR Compiles, OPS BB Layout, IP Nagar 7sh Phase, Bengaluru, Karnataka

1860 500 7788



Mr. DEEPAK CHAWLA Age/Gender 29 Y M

Contact No : +919694442980 Address : BELLADNUR UHID : CBEL.0000242551 Bill Of Supply

Bill No

: CBEL-OCS-330243

Bill/Reg Date Referred by

16:12:2023 17:32 Dr. SHRINIDHI I S

Center Bellandur

Emp No/Auth Code CGST SGST/UTGST SGST/UTGST Net Value Description Of SAC/HSN Department Gross CGST Qty Discount Service Code Value Rate Amt Amt INJECTION Service 999312 140.00 140.00 0.00 0.00 140.00 CHARGES 140.00 Bill Amount: Payments Receipt No Mode Amount 0.00 Total Discount: Settlement Patient Payment: 140.00 140.00 16-12-2023 CBELRCA327579 PhonePe 0.00 Patient Duc:

Received with thanks: One Hundred Forty Rupees only

Authorized Signature :(Kavitha)

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Apollo Health and Lifestyle Limited

ICIN: U851TU (C2000PCC115819)

ROUT Office #F1 617 A 915 & 618, Importal Tuwers 216 Flow. America, Epideralsat SCALAR, 1

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