





**TIRUMALA HOSPITAL**  
thirumalahospital8@gmail.com

TPR ENCLAVE, TEMPLE ROAD  
SRI  
SHIRIDI SAI COLONY,  
BEERAMGUDA,  
AMEENPUR (MDL),  
SANGAREDDY  
(DIST), TELANGANA(STATE)-  
502032,  
PHONE:08455-281067/68,  
9966316068.

**OP Consultation Bill**

Bill No	:	CONS2021-3524	Bill Date	:	06-May-2021 12:22 PM
PatientID	:	UP20212963	OP Ref Id	:	OP210506122220
Patient Name	:	Mr.SATHISH	Age/Gender	:	34 YEARS/Male
Mobile	:	9160008349	Referred By	:	Self
Consultant Doctor	:	Dr Ritwik Chowdary -- GENERAL PHYSICIAN			

SNO	DETAILS	AMOUNT
1	OP Consultation Fee	300.00
Three Hundred Rupees Only.		
MODE OF PAYMENT : CASH		
TOTAL AMOUNT :		300.00
PAID AMOUNT :		300.00
BALANCE AMOUNT :		0.00

PREPARED BY : MOHAN

AUTHORISED SIGNATURE

TOTAL DEDUCTION : 1750.00  
PAID AMOUNT : 1750.00



**TIRUMALA DIAGNOSTICS**  
thirumalahospital8@gmail.com

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502032.  
PHONE:08455-281067/68,  
9966316068.

OP Investigation Bill					
Patient ID	:	UP20212963	Bill No	:	DIAG2021-3736
OP Ref Id	:	OP210430104822	Bill Date	:	30-Apr-2021 12:28 PM
Patient Name	:	Mr. SATHISH	Age/Sex	:	34 YEARS/Male
Mobile	:	9160008349	Refer By	:	Dr Ritvik Chowdary - General Physician

SNo	INVESTIGATIONS	QTY	AMOUNT
1	COVID-19 ( RT PCR TEST )	1 X 1200	1200.00
TOTAL AMOUNT :			1200.00
PAID AMOUNT :			1200.00
BALANCE AMOUNT :			0.00

PREPARED BY : MOHAN

AUTHORISED SIGNATURE

889714 85054

## VIVID IMAGING & DIAGNOSTICS CENTER

PATIENT NAME :

MR.S. SATHISH

DATE :

1/5/2021

AGE/SEX :

36 Y / M

PHONE NO.:

9160008349

REF.DR :

DR.RITHVIK

TEST NAME :

HRCT CHEST

ID NO :

VVCT 41678

AMOUNT :

4200 /-

PAYMENT METHOD :

PP

AUTHORIZED SIGNATURE : DHARANI

Vivid Imaging & Diagnostics And Regd. Office

H.No. 4002, Serilingampally,

Chandrabasa, Hyderabad - 500079



# TIRUMALA DIAGNOSTICS

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SANGAREDDY

(DIST), TELANGANA(STATE)-

502032

PHONE:08455-281067/68,

8897485054.

## OP Investigation Bill

Patient ID	:	UP20212963	Bill No	:	DIAG2021-4118
Op Ref Id	:	OP210506122220	Bill Date	:	06-May-2021 02:08 PM
Patient Name	:	Mr. SATHISH	Age/Sex	:	34 YEARS/Male
Mobile	:	9160008349	Refer By	:	Dr Rithvik Chowdary - General Physician

SNo	INVESTIGATIONS	QTY	AMOUNT
1	CBP	1 X 250	250.00
2	D - DIMER	1 X 1500	1500.00
TOTAL AMOUNT :			1750.00
PAID AMOUNT :			1750.00
BALANCE AMOUNT :			0.00

One Thousand Seven Hundred and Fifty Rupees Only

MODE OF PAYMENT : CASH

PREPARED BY : MOHAN

AUTHORISED SIGNATURE



# TIRUMALA MEDICAL & GENERAL STORES

MSR RESIDENCY, OPP. SAI BABA  
TEMPLE ROAD, SRI SHIRIDI SAI  
COLONY, BEERAMGUDA, AMEENPUR,  
SANGAREDDY, TELANGANA,  
PIN: 502032, PHONE: 9346698938

## GP Pharmacy Bill

PATIENT ID	GP2021982	BILL NO	PHAR2021-1289
PATIENT NAME	SATHISH	BILL DATE	02-05-2021 02:37 AM
AGE/SEX	/Male	MOBILE	
REFER BY			

SNo	DRUG NAME	HSN NO	MFR	SCHD H	BATCH NO	EXP DT	QTY	MRP	AMOUNT
1	OSELET 75 MG TAB	0			OSLC-013	06-22	20	69.5	1390.00
2	MEDPRED 16MG	0			Int-20522	08-22	6	18	108.00
3	LUPITUSS SYP	0			PLEL2109	08-22	1	130.7	130.70
4	NUTS AND SEEDS	0			HI00567	12-22	1	475	475.00
5	RESIROMETER				VM11029	09-23	1	650	650.00
6	PULSE OXIMETER	0			SR501	08-30	1	2500	2500.00
7	VITAPRIX-CZ TAB	0			AOT-1701	01-22	10	12	120.00
8	VITATURE SYP				ULL-4991	06-21	1	119	119.00
9	MEDOXILLIN-625LB TAB				DT2103175A	08-22	20	30	600.00
10	PANPRUX DSR- TAB				SSC-0306	01-23	20	15	300.00
11	DABICLOT 110MG TAB	0			21440316	07-22	10	30.2	302.00
TOTAL AMOUNT									6694.70
PAID AMOUNT									6694.70
BALANCE AMOUNT									0.00

Six Thousand Six Hundred and Ninety Four Rupees and Seventy Paise Only.

MODE OF PAYMENT : CASH

PREPARED BY : SRTIRUMALADMIN



# TIRUMALA MEDICAL & GENERAL STORES

MSR RESIDENCY, OPP. SAI BABA  
TEMPLE ROAD, SRI SHARDI SAI  
COLONY, BEERAJUGUDA, AMERAPUR,  
SANGAREDDY, TELANGANA,  
PIN-502002, PHONE 9246626326

## GP Pharmacy Bill

PATIENT ID	:	GP20211528	BILL NO	:	PHAP2021-1835
PATIENT NAME	:	SATHISH	BILL DATE	:	12-05-2021 02:28 AM
AGE/SEX	:	Male	MOBILE	:	
REFER BY	:			:	

SNo	DRUG NAME	HSN NO	MFR	SCHD H	BATCH NO	EXP DT	QTY	MRP	AMOUNT
1	OSELET 75 MG TAB	0			OSLC-013	06-22	10	69.5	695.00
2	VITAPROX-CZ TAB	0			AOT-1701	01-22	5	12	60.00
3	PAINPROX DSR- TAB				SSC-0306	01-23	10	15	150.00
4	MEDPRED 8MG	0			bb20793e	09-22	11	5.3	58.30
5	MEDOXILLIN-625LB TAB				DT2103175A	08-22	10	30	300.00

TOTAL AMOUNT : 1263.30

PAID AMOUNT : 1263.30

BALANCE AMOUNT : 0.00

One Thousand Two Hundred and Sixty Three Rupees and Thirty Paise Only.  
MODE OF PAYMENT : CASH

PREPARED BY : SRITIRUMALADMIN

