



WESTERN INDIA INSTITUTE OF NEUROSCIENCES

NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY

183/B, NEAR MAHAVIR COLLEGE, NAGALA PARK, KOLHAPUR - 416 002

PII. NO. : 2031-2644881, 2644882, 2642000, 744 744 5300, 744 743 5300

IP FINAL BILL

Patient Name : Mr. Shrikant Chandrakant Ingawale

Bill No : 220

Age /Gender : 25 Y / Male

Bill Date : 05/06/2024

Address : A/P Top
Tal- Hatkangale
Kolhapur , Maharashtra

UH ID : 20019280

Doctor : Dr.Prabhu Santosh

IP ID : IPWH21-22/14472/202

Department : Neurosurgery

Admission Date : 17/05/2024 06:50PM

Rate Plan : GENERAL 1

Ward/Bed : GWM / M1

Discharge Type: Normal

Discharge Date : 05/06/2024 4:18PM

Diagnosis : Right Fronto Parietal SDH

Referred By : Self.

Head	Description	Rate	Qty	Amount
Surgery	EMERGENCY EVACUATION OF RIGHT FTP SDH	120000.00	1	120000.00
Hospital Stay				
GW	From Date 17-May-2024 To Date 04-Jun-2024			
GW	BED	1380.00	18	24840.00
GW	Inj/Dressing/Saline	240.00	18	4320.00
GW	NURSING	300.00	18	5400.00
		Sub Total		34560.00
NICU	From Date 18-May-2024 To Date 18-May-2024			
NICU	BED	6150.00	1	6150.00
NICU	Inj/Dressing/Saline	240.00	1	240.00
NICU	Intensivist Charges	1000.00	1	1000.00
NICU	Multi Monitoring	1000.00	1	1000.00
NICU	NURSING	850.00	1	850.00
		Sub Total		9240.00
PROCEDURE				
	ECG	300.00	1	300.00
	GLUCO CHECK	50.00	4	200.00
	TAPPING	1000.00	1	1000.00
	OXYGEN I.C.U.	1440.00	1	1440.00
		Sub Total		2940.00
Professional Dr Visit				
	Professional Doctor Visit- Daily 2 Visits	1000.00	18	18000.00
	Professional Dr.Visit(ICU)	3600.00	1	3600.00
Others				
	ADMINISTRATION FEES	500.00	1	500.00
		Sub Total		500.00

TOTAL BILL AMOUNT : 188840.00

Package Discount **DISCOUNT :** 27215.00

NET PAYABLE AMOUNT : 161625.00

Advance	Receipt No	Mode	Amount
18/05/2024	RCWH19 4569	Cash	50000.00
20/05/2024	RCWH19 4593	Cash	55000.00
ADVANCE RECEIVED :			105000.00

Bill Summary

FINAL PAYABLE : 56625.00

Settlement	ReceiptNo	Mode	Amount
05/06/2024	3051	Etransfer	56625.00
SETTLEMENT :			56625.00



Surekha Chopade
For WIINS Hospital

Claimed for - The New India Assurance Co. Ltd
under Capgemini Policy

Shantel
16-07-2024

Wiins Hospital

PATEIENT NAME- Mr.Shrikant Ingawale	OPERATION DATE: 18/05/2024		
MEDICINES AND DIPOSABLES USED IN OPERATION THEATRE			
MEDICINES	RATE	QUA	TOTAL
INJ. SENSORCAINE 0.5%	97.44	1	97.44
INJ. XYLOCAINE 2% WITH ADRENALINE	36.54	1	36.54
INJ. COSTIGMIN	115	1	115
INJ. RABEPRAZOLE 20MG	90	1	90
INJ. GLYCOPYRROLATE	16.12	1	16.12
INJ. EMSET 4ML	26.7	1	26.7
IV. DNS	42.8	1	42.8
IV. RINGER LACTATE	63.27	2	126.54
IV. NORMAL SALINE	39.04	4	156.16
IV. LEVIPIL 500MG	128.85	2	257.7
INFANT FEEDING	54	1	54
SYRINGE 50 ML	50.5	1	50.5
P.M.O. LINE	365	1	365
IV. SET SAFTY PREMIUM	265	2	530
DISPOSABLE GOVES ANSELL NO. 7	114	5	570
DISPOSABLE GOVES ANSELL NO. 6 1/2	114	5	570
BLADES NO. 23 & 15 (1 EACH)	5.2	2	10.4
FIXOMULL TRANSPERANT	390	50 CMS	390
BONE WAX	221	2	442
DISPOSABLE SYRINGE 5 ML WITH NEEDLE	18	5	90
DISPOSABLE SYRINGE 10 ML WITH NEEDLE	34	5	170
VICRYL CODE NW 2617	645	2	1290
VICRYL CODE NW 2401 -1	485	2	970
DISPOSABLE DRAPE	1283	1	1283
ANTISEPTIC SOLUTIONS	400	1	400
ANTIBIOTIC / TAZO-PIPERA	450	1	450
ETHILON 3-0	225	2	450
3 WAY B. BRAUN 10 CM	232	1	232
THREE WITH EXT. 50 CM	226	1	226
VASOFIX 18/20/22	211	1	211
HME FILTER	444	2	888
IV. PARACETAMOL - 100 ML	548	1	548
Total			11154.9
Discount			3954.9
Paid			7200



Claimed for- The New India Assurance Co. Ltd
under Capgemini Policy

Shantop

16-07-2024

Bill Cum Receipt

Print Date 03/06/2024 2:27:31PM

Patient Name : Mr. Shrikant Chandrakant Ingawale
Age/Gender : 25 Y / Male
Address : A/P Top
Tal- Hatkangale
Kolhapur , Maharashtra
Consultant Dr. : Dr. Santosh Prabhu
Department : Neurosurgery

Bill No. : 3908
Bill Date : 03/06/2024 14:27
UH ID : 20019280
Visit ID : OPWH20-21-34110
Referred By : Self

Sr. No	Service Name	Rate	Qty	Amount
	Anaesthesia			
1	ANAESTHESIA CHARGES	6,000.00	1	6,000.00
		Bill Amount		6,000.00
		Paid Amount		6,000.00
Payments	ReceiptNo	Mode		Amount
03/06/2024	27509.	Cash		6000.00

Received with Thanks Rs. Six Thousand Only

Claimed for - The New India Assurance
Co. Ltd under Capgemini Policy

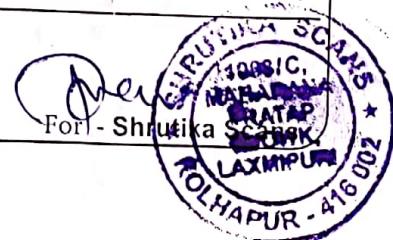
Shrikant

16-07-2024



Signature
Suresh Mane

Shrutika Scans	
1968/C, Maharana pratap chowk road, Laxmipuri, Kolhapur - 416003 Ph. No. - (0231) 2646040/41/42/43/44	
Receipt No :	4459
Date : 01 June, 2024	
Received with thanks from MR. SHRIKANT CHANDRAKANT INGAWALE	
Ref. By :	Dr. PRABHU SANTOSH
Sum of - Rupees Six Thousand Only	
Payment Detail(s) :	
Particular(S)	Amount
MRI BRAIN PLAIN	6000.00
Total : 6000.00	
Mode of Payment : UPI	



Claimed for - The New India Assurance Co. Ltd under
Capgemini Policy

Shrikant
16-07-2024

SHRUTIKA DIAGNOSTIC CENTRE
 2149, B Ward, Opp. G. N. Chambers, Kolekar Tiki Kolhapur 416012
 Ph. No. (0231) 2646663, 2628118

INVOICE

Claimed for - The New
 India Assurance Co. Ltd
 under Capgemini Policy

Invoice No :- 24850

Date :- 18/05/2024

Name :- SHRIKANT INGAWALE

Lab No. :- 206 180524

Shrikant
 16-07-2024

Particulars	Amount
<u>Tests Carried Out</u>	
CBC	300
BTCT	200
BSP	50
UREA	175
CRET	175
SODIUM POTASSIUM	350
PT	250
AUSTRALIA ANTIGEN	300
HIV	300
Less	0
Net Amount	2,100

Amount In Words :- Rs. Two Thousand One Hundred , Paise Zero Only.

Dr. R. C. Chinchnikar
M. D. (Path.)
Consulting Pathologist
Reg. No. 69216.

For: SHRUTIKA DIAGNOSTIC CENTRE

SHRUTIKA DIAGNOSTIC CENTRE
 2149, B Ward, Opp. G. N. Chambers, Kolekar Tiki Kolhapur 416012
 Ph. No. (0231) 2646663, 2628118

INVOICE

Invoice No :- 26296

Date :- 27/05/2024

Name :- SHRIKANT INGAWALE

Lab No. :- 219 270524

Particulars	Amount
<u>Tests Carried Out</u>	
PT	250
Less	0
Net Amount	250

Amount In Words :- Rs. Two Hundred Fifty , Paise Zero Only.

Dr. R. C. Chinchnikar
M. D. (Path.)
Consulting Pathologist
Reg. No. 69216

Bill Cum Receipt

Print Date 24/05/2024 10:51:58AM

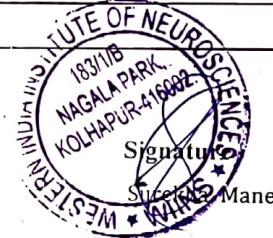
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Bill No.	: 3267
Age/Gender	: 25 Y / Male	Bill Date	: 24/05/2024 10:52
Address	: A/P Top Tal- Hatkangale Kolhapur , Maharashtra	UH ID	: 20019280
Consultant Dr.	: Dr. Santosh Prabhu	Visit ID	: OPWH20-21-34110
Department	: Neurosurgery	Referred By	: Self .

Sr. No	Service Name	Rate	Qty	Amount
CT SCAN				
1	CT Brain Plain	2,000.00	1	2,000.00
		Bill Amount		2,000.00
		Paid Amount		2,000.00

Payments	ReceiptNo	Mode	Cheque Card No	Bank	Amount
24/05/2024	26868				0.00

Received with Thanks Rs. Two Thousand Only

Claimed for - The New India Assurance co. Ltd
under Capgemini Policy



16-07-2024

Bill Cum Receipt

Print Date 28/05/2024 3:47:24PM

Patient Name	: Mr. Shrikant Chandrakant Ingawale	Bill No.	: 3561
Age/Gender	: 25 Y / Male	Bill Date	: 28/05/2024 15:47
Address	: A/P Top Tal- Hatkangale Kolhapur , Maharashtra	UH ID	: 20019280
Consultant Dr.	: Dr. Santosh Prabhu	Visit ID	: OPWH20-21-34110
Department	: Neurosurgery	Referred By	: Self .

Sr. No	Service Name	Rate	Qty	Amount
CT SCAN				
1	CT Brain Plain	2,000.00	1	2,000.00
		Bill Amount		2,000.00
		Paid Amount		2,000.00

Payments	ReceiptNo	Mode	Cheque Card No	Bank	Amount
28/05/2024	27162				0.00

Received with Thanks Rs. Two Thousand Only

Claimed for - The New India Assurance co. Ltd
under Capgemini Policy

Shrikant

16-07-2024

WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)
NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY

183/B, NEAR MAHAVIR COLLEGE, NAGALA PARK, KOLHAPUR - 416 002
PH. NO. : 2031-2644881, 2644882, 2642000, 744 744 5300, 744 743 5300

Bill Cum Receipt

Print Date 02/06/2024 4:01:01PM

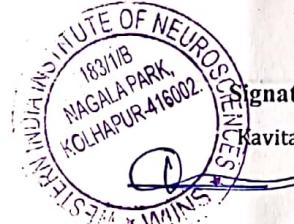
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Bill No.	: 3844
Age/Gender	: 25 Y / Male	Bill Date	: 02/06/2024 16:00
Address	: A/P Top Tal- Hatkangale Kolhapur , Maharashtra	UH ID	: 20019280
Consultant Dr.	: Dr. Santosh Prabhu	Visit ID	: OPWH20-21-34110
Department	: Neurosurgery	Referred By	: Self

Sr. No	Service Name	Rate	Qty	Amount
CT SCAN				
1	CT Brain Plain	2,000.00	1	2,000.00
		Bill Amount		2,000.00
		Paid Amount		2,000.00
Payments	ReceiptNo	Mode	Cheque Card No	Bank
02/06/2024	27445			
				Amount
				0.00

Received with Thanks Rs. Two Thousand Only

Claimed for - The New India Assurance
Co. Ltd under Capgemini Policy

Shrikant
16-07-2024



Signature
Kavita Pawar

WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)
NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY

183/B, NEAR MAHVIR COLLEGE, NAGALA PARK, KOLHAPUR - 416 002
PH. NO. : 2031-2644881, 2644882, 2642000, 744 744 5300, 744 743 5300

Bill Cum Receipt

Print Date 15/06/2024 12:15:46PM

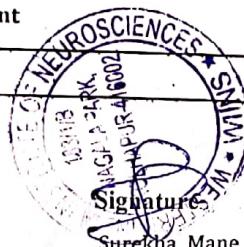
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Bill No.	: 4698
Age/Gender	: 25 Y / Male	Bill Date	: 15/06/2024 12:16
Address	: A/P Top Tal- Hatkangale Kolhapur , Maharashtra	UH ID	: 20019280
Consultant Dr.	: Dr. Santosh Prabhu	Visit ID	: OPWH20-21-34110
Department	: Neurosurgery	Referred By	: Self

Sr. No	Service Name	Rate	Qty	Amount
CT SCAN				
1	CT Brain Plain	2,000.00	1	2,000.00
		Bill Amount		2,000.00
		Paid Amount		2,000.00
Payments	ReceiptNo	Mode	Cheque Card No	Bank
15/06/2024	28299			
				Amount
				0.00

Received with Thanks Rs. Two Thousand Only

Claimed for - The New India Assurance Co. Ltd
under Capgemini Policy

Shrikant
16-07-2024



Signature
Surekha Mane

Receipt

Shrutika Scans

1968/C, Maharana pratap chowk road, Laxmipuri, Kolhapur - 416003
Ph. No. - (0231) 2646040/41/42/43/44

Receipt No : **3927**

Date : **24 May, 2024**

Received with thanks from **MR. SHRIKANT CHANDRAKANT INGAWALE**

Ref. By : Dr. PRABHU SANTOSH

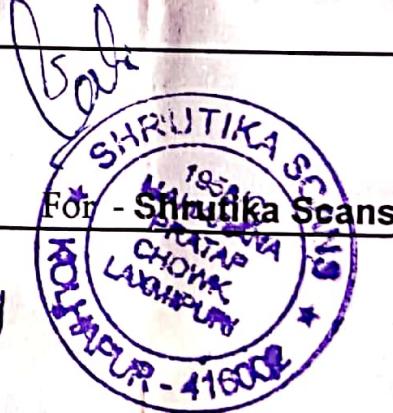
Sum of - Rupees Two Thousand Only

Payment Detail(s) :

Particular(S)	Amount
DOPPLER RIGHT LOWER LIMB (VENOUS)	2000.00
Total	2000.00

Mode of Payment : **UPI**

Claimed for - The New India Assurance Co.Ltd
under Capgemini Policy



Shrikant Ingawale

16-07-2024

Bill Cum Receipt

Print Date 03/05/2024 19:55:04

Patient Name : Mr. Shrikant Chandrakant Ingawale

Bill No. : 2040

Age/Gender : 25 Y / Male

Bill Date : 03/05/2024 19:55

Address : A/P Top
Tal-Hatkangale
Kolhapur , Maharashtra

UH ID : 20019280

Consultant Dr. : Dr. Santosh Prabhu

Visit ID : OPWH20-21-34110

Department : Neurosurgery

Referred By : Self

Sr. No **Service Name**

Rate **Qty** **Amount**

OPD CONSULTING

1 Dr.Santosh Prabhu

800.00 1 800.00

Bill Amount	800.00
Paid Amount	800.00

Payments **ReceiptNo** **Mode**

Amount

03/05/2024 25641 Cash

800.00

Received with Thanks Rs. Eight Hundred Only

Claimed for - The New India Assurance Co. Ltd
under Capgemini Policy

Rani
Signature

Rani Kamble

Shrikant
16-07-2024

SHRUTIKA DIAGNOSTIC CENTRE
2149, B Ward, Opp. G. N. Chambers, Kolekar Tiki Kolhapur 416012
Ph. No. (0231) 2646663, 2628118

INVOICE

Invoice No :- 617

Date :- 04/06/2024

Name :- SHRIKANT INGAWALE

Lab No. :- 324 040624

Claimed for - The New
India Assurance Co.
Ltd under Capgemini
Policy

Shrikant
16-07-2024

Particulars **Amount**

Tests Carried Out 250
PT

Less	0
Net Amount	250

Amount In Words :- Rs. Two Hundred Fifty , Paise Zero Only.

For SHRUTIKA DIAGNOSTIC CENTRE



17/05/24

183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416002.
Mob. : 7447445300, 7447435300

UHID :

Shrikant Ingawale

Medicine Box Small and Big - ①

✓ vasofix 20 - ②
22 - ②

✓ Gasy fix - ①

✓ 10 cc syr - ④

✓ 5 cc syr - ④

- Needle 26 NO

- Gluco Strip's - ⑥

- Gluco Needle - ②

✓ IV set - ④

Glove's - 2 Pairs - ④

P.T.O

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WELLNESS FOREVER CHEMISTS & LIFESTYLE STORE
UNIT OF WELLNESS FOREVER MEDICARE LIMITED.
(FORMERLY KNOWN AS WELLNESS FOREVER
MEDICARE PRIVATE LIMITED)
CS NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,
OPP. RAJHAAS PRINTING PRESS, KOLHAPUR, 416002
Tel: 8657564279 & 8657564280

DRUG LICENCE No: 20-MH-KZI-539727, 21-539728, 20B-MH-KZI-539729, 21B-539730, 20F-MH-KZI-539731

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS HARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAWALE

MOBILE: 0020019280

BILL NO: 7793

TIME: 21:03

DATE: 17/05/24

NAME & ADD

SANTOSH PRABHU

DR. NAME & ADD

182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRYDT.	PRICE/PCS	GST%	AMOUNT
2	VASOFIX LUER LOCK IV CAN	B.BR	9018	22F086334	06-27	232.00	12.0	464.00
2	VASOFIX LUER LOCK IV CAN	BRAU	9018	22L196390	10-27	232.00	12.0	464.00
2	FLAMINGO FLAMIGRIP 1PC	ASUE	3095	AUP-3138	08-26	71.50	12.0	143.00
2	SYRINGE DISC W/H 10HL BD	B.D	4019	2311508	10-28	34.00	12.0	68.00
2	SYRINGE DISC W/H SHL BD	B.D	3019	400132	12-28	19.50	12.0	39.00
1	NOVO I.V. SET POLY	POLY	2019	8009924A	12-28	235.00	12.0	235.00
0*	4 GLOVES EXAM-H 100PC HULI	HULT	9019	69740316	02-29	-1080.00	12.0	43.20

(Page 1 of 2) PAID

Signature of Registered Pharmacist

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.

Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.



Wellness Forever

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MEDICARE PRIVATE LIMITED)

CS NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,
OPP. RAJHAAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS HARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAWALE

MOBILE: 0020019280

BILL NO: 7793

TIME: 21:03

DATE: 17/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRYDT.	PRICE/PCS	GST%	AMOUNT
1	MINICYCLINE 10CAP	PLET	3004	R23301119	09-25	34.50	12.0	34.50



SGST AMT: 55.84 CGST AMT: 55.84

(Page 2 of 2) A-SALES MAN: SANKET A

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist



TOTAL AMT: 1490.70

DISCOUNT: 447.38

NET TOTAL: 1043.32



183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300

UHID :

& LIFESTYLE STORE
MEDICARE LIMITED,
WELLNESS FOREVER
LIMITED)

HOMES, NEW NAGALA PARK,
KOLHAPUR, 416002

20F-MH-KZ1-539731

58
EST. MUMBAI-400083

ORIGINAL

Schedule H MILE & C. Any overcharge due to oversight will be refunded.

& O.E.

NO: 7923

TIME: 15:27

DATE: 18/05/24

E/PCS	GST%	AMOUNT
349.61	12.0	1362.4
21.20	12.0	84.8
128.75	12.0	515.0
22.02	12.0	88.0
39.04	12.0	156.1
42.80	12.0	85.6
63.26	12.0	126.5

ure of Registered Pharmacist



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Products

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Pharmacists

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Availability

Quick
Delivery

Visit
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C.G. NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,

OPP. RAJAHANS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

DRUG LICENCE NO: 20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW756SP1ZH, CIN: U24239MH2008PTC178658

REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

MOBILE: 0020019280

BILL NO: 7923

TIME: 15:27

DATE: 18/05/24

NAME
& ADD

SHRIKANT INGAYALE

DR. NAME
& ADD

OLKHPUR
SANTOSH PRABHU
182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

QTY. ITEM NAME

MFG. HSN BATCH EXPIRY DT. PRICE/PCS GST% AMOUNT

1 STEEL GLASS 1 PC
1 SPOON STAINLESS STEEL 1P
100 FIXOHULL STRETCH LEUKOP
100 LEAKO 1PC

IND 3923 39241010 12-35
IND 3924 3924 12-35
EST 32910270 06-28
3M 148-1123 10-26

40.00 18.0 40.00
20.00 18.0 20.00
3.71 12.0 371.00
30.00 12.0 160.00
130.00 12.0 130.00

Please get your medicines checked by the Doctor, before use.

Schedule H MILE & C. Any overcharge due to oversights will be refunded.

Life. Unlimited.

03/24

DRUG LICENCE No:20-MH-KZI-539727,21-539728, 20B-MH-KZI-539729,21B-539730, 20F-MH-KZI-539731
FSSAI NO. :

Tel:8657564279 & 8657564280

GSTIN:27AAACW756SP1ZH CIN: U24239MH2008PTC178658

REGD.OFF.:7TH FLOOR,WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

ORIGINAL

TAX INVOICE

SHRIKANT INGAVALE

MOBILE:0020019280

NAME: 39 DLHAPUR
& ADD:

SANTOSH PRABHU

DR. NAME
& ADD

182/83,KASABA BAWADA ROADMAHAVEER COLLEGE Reg.No:47832

BILL NO: 7923

TIME: 15:27

DATE: 18/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRYDT.	PRICE/PCS	GST%	AMOUNT
4	C-URE-SB 1.5GM INJ VIAL	AK	3004	ZJJ06512	10-25	340.61	12.0	1061.36
4	JUSTIN-AQ INJ 1ML AMP	NEON	3004	PPUAHK6	03-25	21.20	12.0	84.00
4	VETIRA 100MG INJ VIAL 5M	H	LDZ	24088	08-26	128.75	12.0	515.00
4	NS 100ML I.V. FKB	FES	823L	40412	10-26	22.02	12.0	88.00
4	NS 500ML IV PUNISKA	PUT	3004	TD20401010	03-27	39.04	12.0	156.16
2	DHG (PUNISKA) INJ 500ML	PUL	45903	TC20401039	11-27	42.80	12.0	85.60
2	RL 500ML I.V. FKB	FES	3002	82TA11763	12-26	63.26	12.0	126.52

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist

Schedule HURTE & C. Any overcharge due to oversight will be returned.

E.O.E.

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Digital Invoice sent through SMS

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[Page 1 of 2]

A-SALES MAN: MITHILESH

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OPP. RAJHANAS PRINTING PRESS, KOLHAPUR, 416002

Tel:8657564279 & 8657564280

DRUG LICENCE No:20-MH-KZI-539727,21-539728, 20B-MH-KZI-539729,21B-539730, 20F-MH-KZI-539731

FSSAI NO. :

GSTIN:27AAACW756SP1ZH CIN: U24239MH2008PTC178658

REGD.OFF.:7TH FLOOR,WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAVALE

MOBILE:0020019280

NAME: 39 DLHAPUR
& ADD:

SANTOSH PRABHU

DR. NAME
& ADD

182/83,KASABA BAWADA ROADMAHAVEER COLLEGE Reg.No:47832

BILL NO: 7923

TIME: 15:27

DATE: 18/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRYDT.	PRICE/PCS	GST%	AMOUNT
1	STEEL GLASS 1 PC	IND	3923	39241010	12-35	40.00	12.0	40.00
1	SPoon STAINLESS STEEL 1P	IND	3924	3924	12-35	20.00	12.0	20.00
100	FIXOMULL STRETCH LEUKOP	EST	3291	0270	06-28	3.71	12.0	371.00
6	ECG LEADS 1PC	3M	143-1113	10-26		30.00	12.0	180.00
1	CLOTRIMORE 1% POW 100GM	AMOR	3004	TKA2001	08-26	130.00	12.0	130.00

SGST AMT: 126.29 CGST AMT: 126.29

PAID

[Page 2 of 2] A-SALES MAN: MITHILESH

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.
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Signature of Registered Pharmacist

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UHID : 2015/24

Shrikant Ingavale

1) Tab. Diclo 45. (10)

Tb - Levipil soorag - (10)



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Tel: 8657564279 & 8657564230

DRUG LICENCE NO: 20-MH-KZI-539727, 21-539728, 20B-MH-KZI-539729, 21B-539730, 20F-MH-KZI-539731
FSSAI NO. :
GSTIN: 27AACW7565P1ZH, CIN: U24239MH2008PTC178658
REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAVALA
NAME & ADD: 3439 HOP
SAHOTOSH PRABHU
DR. NAME & ADD: 182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

MOBILE: 0020019280
BILL NO: 8273
TIME: 16:21
DATE: 20/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	VOVERAN-SR 75MG 10TAB	DR.R	3004	Y025WB03	10-25	109.50	12.0	109.50
0# 1	LEVIPIL 500MG 15TAB	SHP	3004	SIF0011A	12-25	216.48	12.0	144.96

PAID

GST AMT: 12.50
(Page 1 of 1 - S-1000-A-1111)

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* Digital invoice sent through SMS

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Signature of Registered Pharmacist: *[Signature]*

Qualified Pharmacists 24x7 Availability Quick Delivery Visit Store Medicine & Lifestyle Products



Shrikant Ingavale

- 1) 8ml V/FIT 2500 - ①
- 2) Swastha Syring 1ml - ①



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03/24

DRUG LICENCE NO:20-MH-KZ1-539727, 21-539728, 208-MH-KZ1-539729, 218-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH, CIN: U24239MH2008PTC178658

REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS HARG, VIKHROLI WEST, MUMBAI-400063

TAX INVOICE

NAME & ADD: SHRIKANT INGAVALA

MOBILE: 0020019280

BILL NO: 8408

TIME: 12:18

DATE: 21/03/24

NAME & ADD: DR. NAME & ADD: SANTOSH PRABHU
182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

Please get your medicines checked by the Doctor, before use.

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SGST AMT: 7.65, CGST AMT: 7.85
TOTAL AMT: 357.10, PAYABLE AMT: NILAM SH

Important Advice: Always verify your medications with your prescribing healthcare professional before administering. Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist

Singh

Schedule H.M.L. & C. Any overcharge due to oversight will be refunded E&OE.



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Shrikant Ingawale

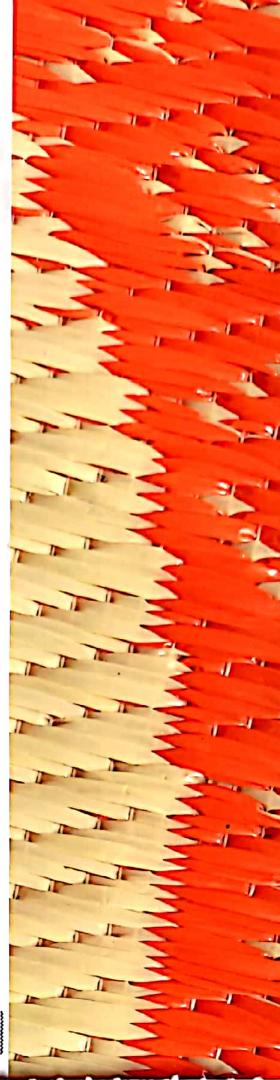
11 Tab Acitrom 2mg

- (10)

② Tab Levipil 50mg — (15)

Tab Diclo 75mg — (10)

Ayga



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DRUG LICENCE No:20-MH-KZI-539727, 21-539728, 20B-MH-KZI-539729, 21B-539730, 20F-MH-KZI-539731
FSSAI NO. :
GSTIN:27AAACW7565P1ZH , CIN: U24239MH2008PTC178658
REGD.OFF.:7TH FLOOR,WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

NAME & ADD: SHRIKANT INGAVALA MOBILE:0020019280
NAME & ADD: 139 HDP SANTOSH PRABHU
DR. NAME & ADD: 182/83, KASABA-BAWADA ROADNAHAYEER COLLEGE Reg.No:47832

BILL NO: 9153
TIME: 18:25
DATE: 25/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRYDT.	PRICE/PCS	GST%	AMOUNT
0.1	ACITROM 2MG 30TAB	ABD0	5004	ACE23010	11-25	501.72	12.0	167.22
1	LEVIPIL 50MG 1STAB	SUP0	5004	GTF0213A	12-25	216.48	12.0	216.48
1	VOVERAH-SR 75MG 10TAB	DF	Y023WBC3		10-25	109.50	12.0	109.50

PAID

Important Advice: Always verify your medications with your prescribing healthcare professional before administering. Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist: *M*

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TOTAL AMT: 493.22
DISCOUNT: 24.66
NET TOTAL: 468.56 E.A.C.E.

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Shrikant Ingawale 25-5-21



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UHID :

IN - HEPARIN 25000 — ①



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DRUG LICENCE NO:20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731
FSSAI NO.: 1439 HOP
GSTIN: 27AAACW7563P1ZH, CIN: U24239MH2008PTC178658
REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAWALE MOBILE: 0020019200
NAME & ADD: 1439 HOP SANTOSH PRABHU
DR. NAME & ADD: 182/83, KASABA BAWADA ROAD MAHARVEER COLLEGE Reg. No: 17832

QTY. ITEM NAME MFG. HSN BATCH EXPIRY DT. PRICE/PCS GST% AMOUNT

1	CAPRIN 25000IU INJ 5ML V	SLSA. 3901	18EP01AU7 12-25	335.77	5.0	335.77
---	--------------------------	------------	-----------------	--------	-----	--------

GST AMT: 6.79 CGS 10.00
[Page 1 of 1] PAID

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Important Advice: Always verify your medications with your prescribing healthcare professional before administering. Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

PAID

Signature of Registered Pharmacist

ORIGINAL

Schedules H, H1, H2, & C. Any overcharge due to overuse or abuse will be recovered.

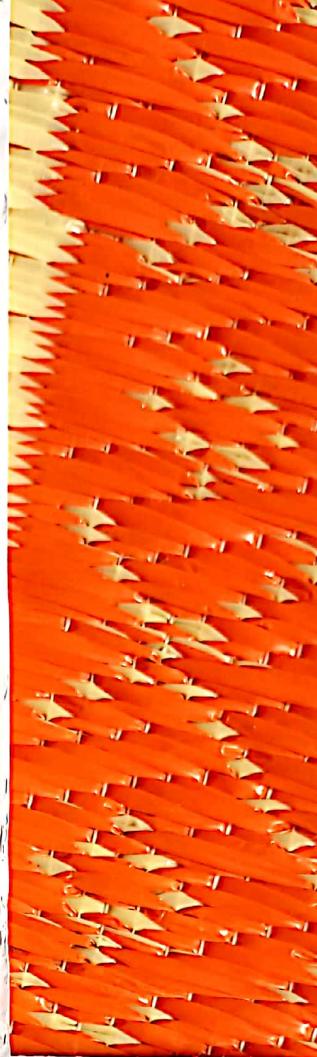
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27/5/24
183/1 B, Bavada Road,
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UHID :

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Inj - UFH 2500 — (3)



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DRUG LICENCE No:20-MH-KZI-539727,21-539728, 208-MH-KZI-539729,21B-539730, 20F-MH-KZI-539731

FSSAI NO. :

GSTIN:27AAACW756SP1ZH CTR: U24259MH2008PTC178658

REGD.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAWALE

MOBILE:0020019280

NAME & ADD

HOP

DR. NAME & ADD

SAHOTOSH PRADHU

182/83, KASABA BAWADA ROAD MAHARAJE COLLEGE Reg.No:47632

BILL NO: 9328

TIME: 07:01

DATE: 27/05/24

ORIGINAL

Schedule H M.L.E. & C Any overcharge due to oversight will be borne by

OTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	CAPRIN 2500IU INJ 5ML V	SLSR	3001	IHEFB1407	12-25	335.77	5.0	335.77



TOTAL AMT: 335.77

DISCOUNT: 50.00

NET TOTAL: 285.40

J

Signature of Registered Pharmacist

S.O.E.

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Mob. : 7447445300, 7447435300
UHID :

29/05/2024

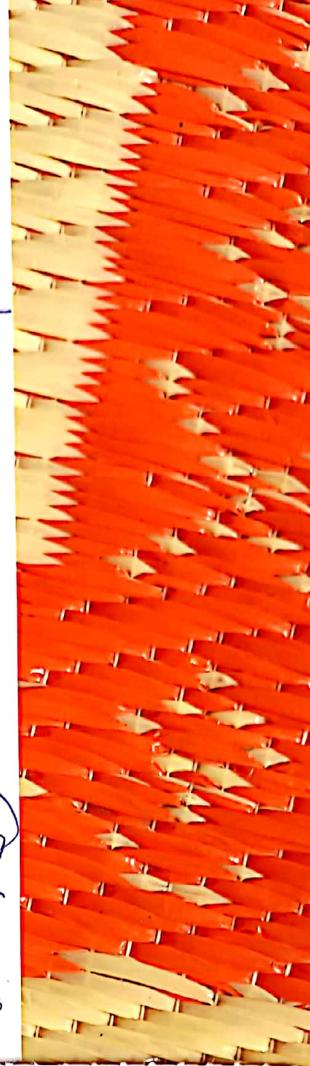
shaiKant Engawale

TB. Zerodol — 10

TB Levip 150mg

TB Pregaltn-NT — 10

P/L



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DRUG LICENCE NO:20-MH-KZI-539727,21-539728, 208-MH-KZI-539729,218-539730, 20F-MH-KZI-539731

FSSAI NO. :

GSTIN:27AAACW7565P1ZH CIN: U24239MH2003PTC178638

REGD.OFF.:7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS NAGAR, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

MOBILE:0206019280

NAME & ADD

SHRIKANT. INDAVALE

BILL NO.: 9848

TIME: 16:56

DATE: 29/05/24

DR. NAME & ADD

SANTOSH PRABHU 182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg.No:47832

Please get your medicines checked by the Doctor, before use

SGST AMT: 21.90 CGST AMT: 21.90
[Page 2 of 2] © 2024 WELLNESS FOREVER LTD. MH-VH

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QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	PREGALTN-NT 10TAB	TURK	3002	GB000017	10-25	227.00	12.0	227.00
1	ZERODOL 10TAB	IPCA	3004	CSW103007	11-25	59.30	12.0	59.30
0* 1	LEVIPIL 500MG 15TAB	SUPER	3001	SIF0011A	12-25	216.48	12.0	149.32

24x7

TOTAL AMT: 430.62

DISCOUNT: 21.53

NET TOTAL: 409.09

ORIGINAL

Schedule H-HMLE & C Any overcharge due to oversight will be refunded

Signature of Registered Pharmacist



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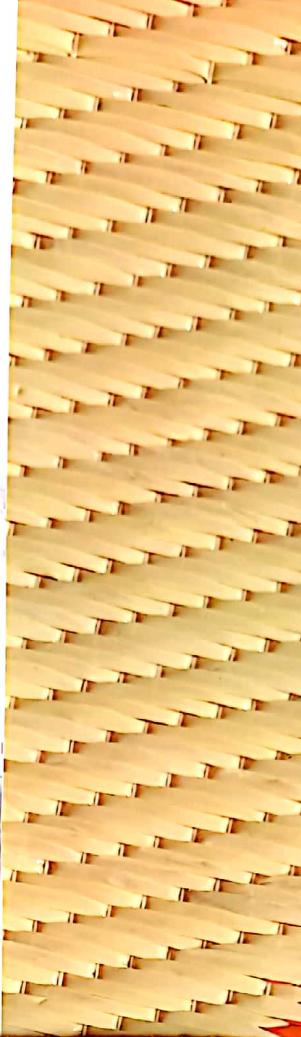
29/05/24.



183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300
UHID :

Shrikant Ingawale.

Inj - levipil 500 —②

 —①

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DRUG LICENCE NO:20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN:27AAACW756SP1ZH CIN: U24239MH2008PTC178658

REGD.OFF.:7TH FLOOR,WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAWALE

MOBILE:0020019280

BILL NO: 9725

TIME: 08:25

DATE: 29/05/24

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medicines checked by the Doctor, before use.GST
Digital Invoice sent through SMS

QTY. ITEM NAME MFG HSN BATCH EXPIRY DT. PRICE/PCS GST% AMOUNT

2 EPICETAM INJ 5ML VIAL 06/04/2024 766/037 12-25 128.00 12.0 256.00



[Page 1 of 1] GSTIN: 27AAACW756SP1ZH

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Signature of Registered Pharmacist

TOTAL AMT: 256.00

DISCOUNT: 64.00

NET TOTAL: 192.00

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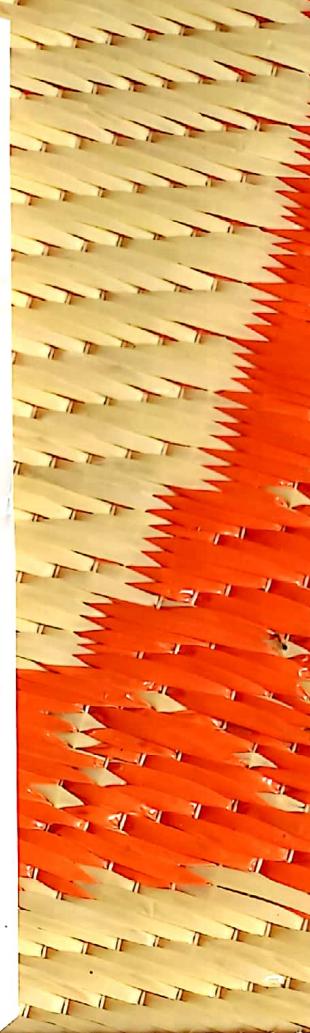


183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300
UHID :

27/5/24

Shrikant Ingavale

Tb- Biotax - 0200 — 10/5
(Taxim - 0.200)
Tb- Rabee 20 — 10



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DRUG LICENCE NO: 20-MH-KZI-539727, 21-539728, 20B-MH-KZI-539729, 21B-539730, 20F-MH-KZI-539731
FSSAI NO. :
GSTIN: 27AAACH7565P1ZH CIN: U24239MH2008PTC178658
PGO.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS HARG, VIJNAROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGAVALA MOBILE: 0020019200 / BILL NO.: 9499

NAME & ADD: ROP TIME: 22:44
DR. NAME & ADD: SANTOSH PRABHU DATE: 27/05/24
182/83, KASABA BAWADA ROAD/HAVEER COLLEGE Reg. No: 47832

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
0x 5	TAXIM-0.200MG 10TAB	ALKE	3004	24460281	01-26	109.49	12.0	54.7
1	RABEPP 20MG 10TAB	SARA	3004	ATG3K889	10-25	120.00	12.0	120.0

PAID

SGST AHT: 17.44 T.A.T. AHT: 9.00
[Page 1 of 1] SASTRA SURYA COLLEGE

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DRUG LICENCE NUMBER :

FSSAI NO. :

GSTIN:29AAACW7565P1ZD, CIN: U24239MH2008PTC178658

REGD.OFF.:7TH FLOOR,WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

SHRIKANT INGANALE

MOBILE:0020019280

LC00459 HOP
& ADD

SANTOSH PRABHU

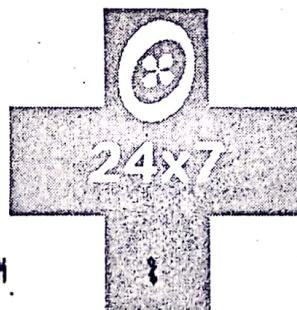
DR. NAME & ADD
182/83,KASABA BAWADA ROADMAHAVEER COLLEGE Reg.No:47832

BILL NO: 10703

TIME: 12:49

DATE: 03/06/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	NULIFE GLOVES POWDER FRE	MRHE	4015	TSFSMC1G2	06-28	93.00	12.0	93.00



SGST AMT: 4.08 CGST AMT: 4.08

[Page 1 of 1] A-SALES MAN VIKASH VM

TOTAL AMT: 93.00

DISCOUNT: 16.74

NET TOTAL: 76.26

Signature of Registered Pharmacist

ORIGINAL

Schedule H-MILE & C. Any overcharge due to oversight will be refunded

E & O.E

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