



WESTERN INDIA INSTITUTE OF NEUROSCIENCES

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

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

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



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 03/06/2024 2:27:31PM

Patient Name : Mr. Shrikant Chandrakant Ingawale

Bill No. : 3908

Age/Gender : 25 Y / Male

Bill Date : 03/06/2024 14:27

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

Sr. No Service Name	Rate	Qty	Amount
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Anaesthesia

1 ANAESTHESIA CHARGES

6,000.00	1	6,000.00
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Bill Amount	6,000.00
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Paid Amount	6,000.00
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Payments ReceiptNo Mode

03/06/2024 27509 Cash

Amount	6000.00
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Received with Thanks Rs. Six Thousand Only



Receipt

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**

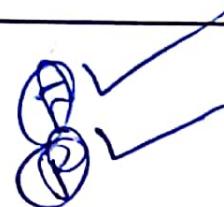
Received with thanks from **MR. SHRIKANT CHANDRAKANT INGAWALE**
Ref. By : Dr. PRABHU SANTOSH

Sum of - Rupees **Six Thousand Only**

Payment Detail(s) :

Particular(S)	Amount
MRI BRAIN PLAIN	6000.00
Total :	6000.00

Mode of Payment : **UPI**





श्रुतिविका इमेजिंग ऑण्ड डायग्नोस्टिक सेंटर

२१४९, बी वॉर्ड, जी.एन.चेंबर्स समोर, कोलकाता तिकटी, मंगळवार पेठ, कोल्हापूर
फोन : 0231-2628118 / 2641009 / 9921464242

Lab No. **1161**

Date : 18/05/2023

Received with thanks from Shrikant Ingawale

Ref. by Mr. Sanket Pratap

the sum of Rupees Two Thousand One

Hundred Fifty only for 150

..... Investigations Dr. R. C. Chinchnikar



21502

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

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

INVOICE

Invoice No :- 24850

Date :- 18/05/2024

Name :- SHRIKANT INGAWALE

Lab No. :- 206 180524

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	
Net Amount	0
	250

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

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

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

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

Received with Thanks Rs. Two Thousand Only

0.00



WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)
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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 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

Received with Thanks Rs. Two Thousand Only

0.00



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

Bill No. : 3844

Bill Date : 02/06/2024 16:00

UH ID : 20019280

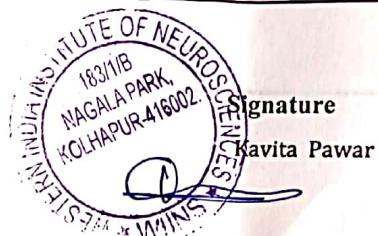
Visit ID : OPWH20-21-34110

Referred By : Self

Sr. No Service Name

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



Signature

Kavita Pawar

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 15/06/2024 12:15:46PM

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. : 4698

Bill Date : 15/06/2024 12:16

UH ID : 20019280

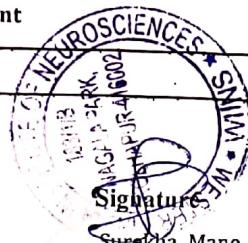
Visit ID : OPWH20-21-34110

Referred By : Self

Sr. No Service Name

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



Signature

Surekha Mane

Receipt

Shrutika Scans
1968/C, Maharana pratap chowk road, Laxmipuri, Kolhapur - 416003
Ph. No. - (0231) 2646C40/41/42/43/44

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**





17/05/24

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

UHID :

Shrikant

Ingawale

Medinin 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 Pair's - ⑤

P.T.O.

Wellness Forever

CHEMISTS 'N' LIFESTYLE STORE

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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. :

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 OLHAPUR
& 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

[Page 1 of 2]

Signature of Registered Pharmacist

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

E & O.E.

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®
CHEMISTS & LIFESTYLE STORE

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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 OLHAPUR
& 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	11-35	40.00	12.0	48.00
1	SPoon STAINLESS STEEL 1P	IND	3924	3924	12-35	20.00	12.0	24.00
100	FIXOMULL STRETCH LEUKOP	EST	3291	32910270	06-28	3.71	12.0	371.00
6	ECG LEADS 1PC	3M	143	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

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

TOTAL AMT: 3157.60

DISCOUNT: 826.90

NET TOTAL: 2332.70

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

E & O.E.

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





183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300
UHID : 2015/24

Shrikant Ingavale

1) Tab. Diclo 45. (10)

Tb - Levipil soorag - (10)



Wellness Forever®
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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. RAJHANAS PRINTING PRESS, KOLHAPUR, 416002
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	SUNP	3004	SIF0011A	12-25	216.48	12.0	144.96

PAID

SGST AMT: 12.50
(Page 1 of 1 - SGST AND CGST)

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

* Digital invoice sent through SMS

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: *[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.

Digital Invoice sent through SMS

SGST AMT: 7.65, CGST AMT: 7.85
TOTAL 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.

TOTAL AMT: 357.

DISCOUNT: 52.

NET TOTAL: 305.

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

ORIGINAL



Shrikant Ingawale

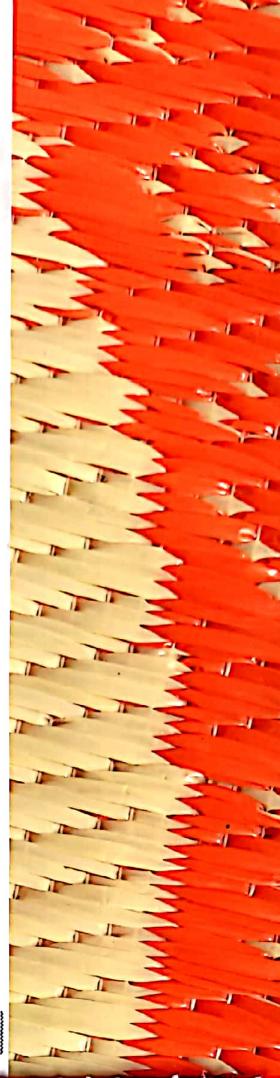
11 Tab Acitrom 2mg

- (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 ROAD NAHAYEER 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	SUPP	5004	GTF0213A	12-25	216.48	12.0	216.48
1	VOVERAH-GR 75MG 10TAB	DF	Y023WB03		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: *[Signature]*

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

Digital invoice sent through SMS.

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

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

Shrikant Ingawale 25-5-21



WIINS

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Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300

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

Please get your medicines checked by the Doctor, before use.
Digital invoice sent through SMS

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.

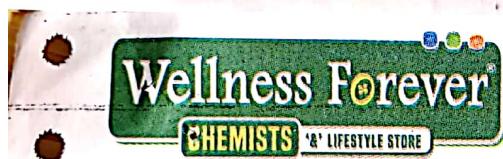
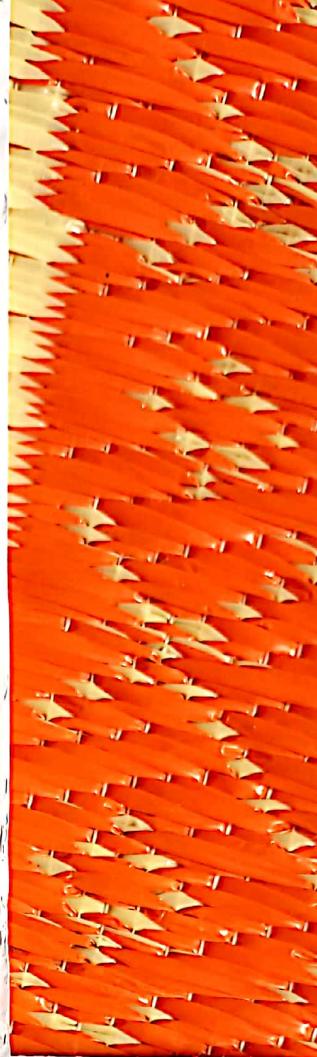
WIINS
जीवनदायी प्रमुख.



27/5/24
183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300
UHID :

Shrikant Ingawale

Inj - UFH 2500 — (3)



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03/24

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

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

BILL NO: 9328

TIME: 07:01

DATE: 27/05/24

NAME & ADD

HOP

DR. NAME & ADD

SAHOTOSH PRADHU
182/83, KASABA BAWADA ROAD MAHARAJEY COLLEGE Reg.No:47632

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



CGST 0% SGST 0% CGST 0% SGST 0%
[Page 1 of 1] ECR 100% COMPLIANT

PAID

TOTAL AMT: 335.77

DISCOUNT: 50.00

NET TOTAL: 285.77

J

Signature of Registered Pharmacist

ORIGINAL

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

Digital Invoice sent through SMS

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.



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

29/05/2024

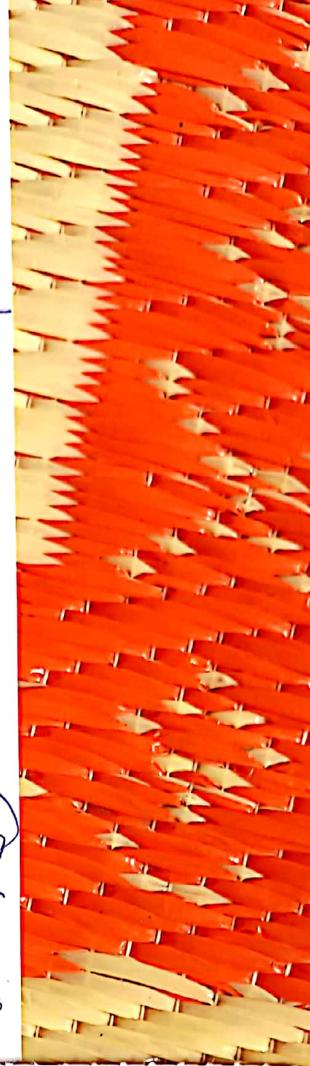
shaiKant Engawale

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

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Page 1 of 1

SGST AMT: 21.90 CGST AMT: 21.90

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PAID

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

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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03/24

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

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

NAME & ADD
SANTOSH PRABHU

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

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
2	EPICETAM INJ 5ML VIAL	REUN	3007	766/037	12-25	126.00	12.0	256.00



SGST 12.00 256.00 GST AMT 64.00
[Page 1] 100% ONLINE PURCHASE

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

TOTAL AMT: 256.00

DISCOUNT: 64.00

NET TOTAL: 192.00



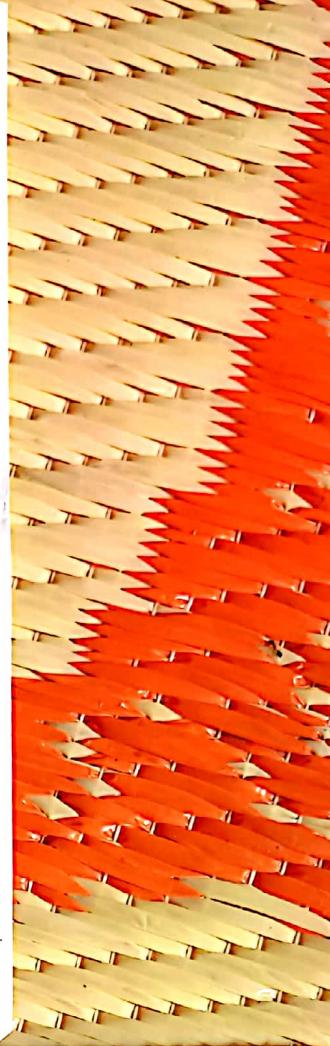


27/5/24
183/1 B, Bavada Road,
Nagala Park, Kolhapur - 416 002.
Mob. : 7447445300, 7447435300

UHID :

Shrikant Ingavale

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



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03/24

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

SHRIKANT INGAVALA

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

0* S TAXIM-0 200MG 10TAB
1 RABEPP 20MG 10TAB

24x7

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.

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(FORMERLY KNOWN AS WELLNESS FOREVER MEDICARE PRIVATE LIMITED)
CS NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,
OPP. RAJHAHAS 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: 27AAKCH7565PLH CIN: U14239MH2008PTC178658
FED.OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

TAX INVOICE

BILL NO.: 9499
TIME: 22:44
DATE: 27/05/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
0*	S TAXIM-0 200MG 10TAB	ALNE	3004	24460281	01-26	109.49	12.0	54.7
1	RABEPP 20MG 10TAB	SARA	3004	ATG3X889	10-25	120.00	12.0	120.0

TOTAL AMT: 174.7
DISCOUNT: 2.7
NET TOTAL: 172.0

Signature of Registered Pharmacist

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Wellness Forever

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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

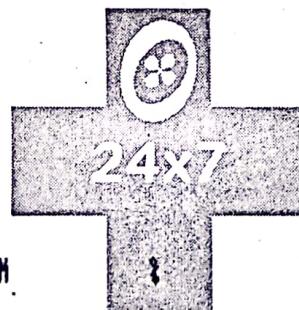
DR. NAME & ADD
182/83,KASABA BAWADA ROADMAHAVEER COLLEGE Reg.No:47832

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

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.



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SHRUTIKA DIAGNOSTIC CENTRE

2149 , B Ward , Opp. G. N. Chambers, Kolekar Tiktik Kolhapur 416012

Ph. No. (0231) 2646663,2628118

INVOICE

Invoice No :- 617

Date :- 04/06/2024

Name :- SHRIKANT INGAWALE

Lab No. :- 324 040624

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

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

For SHRUTIKA DIAGNOSTIC CENTRE

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


Signature

Rani Kamble