

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

Shrikant

10-05-2024

INVOICE

Invoice No :- 16304

Date :- 02/04/2024

Name :- - SHRIKANT INGA VALE

Lab No. :- 203 020424

Particulars	Amount
<u>Tests Carried Out</u>	
BTCT	100
CBC	300
UREA	175
CRET	175
SODIUM POTASSIUM	350
PT	250
AUSTRALIA ANTIGEN	300
HIV	350
Less	0
Net Amount	2,000

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

R. C. Chinchnikar
M. D. (Path.)
Consulting Pathologist
Reg. No. 69216.
For SHRUTIKA DIAGNOSTIC CENTRE



G-13, 'Om Plaza', Konda Lane, Laxmipuri, Kolhapur. Ph.: (0231) 2645909, 2645908. Mob. : 7745012200, 8888110034

ADVANCED PATHOLOGY & MOLECULAR MICROBIOLOGY REFERENCE CENTRE

Dr. Manisha Kulkarni
MD (Path)
Consulting Pathologist

INVOICE / RECEIPT

Invoice # : 98249020424

Date : 02/04/2024

Name : MR. SHRIKANT INGAWALE (M) 25 Yrs.

Lab # : 98249

Ref. By : Dr. Santosh Prabhu.

020424

Particulars	Amount
CSF EXAMINATION	600/-
CULTURE AND SENSITIVITY	700/-

Amount in words:

One Thousand Three Hundred Only

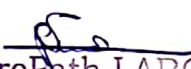
Total : 1300/-

Net Payable : 1300/-

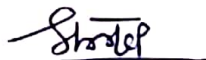
Total Paid : 1300/-

Dues : 0/-

For MicroPath Laboratory


MicroPath LABORATORY
Ph. 2645908, M. 7745012200.

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



10-05-2024

24 Hrs. Emergency Service

www.micropathlab.com

INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS
NATIONAL EXTERNAL QUALITY ASSURANCE PROGRAM

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 09/04/2024 11:36:11AM

Patient Name : Mr. Shrikant Chandrakant Ingawale

Bill No. : 539

Age/Gender : 25 Y / Male

Bill Date : 09/04/2024 11:36

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

UH ID : 20019280

Visit ID : OPWH20-21-34110

Referred By : Self .

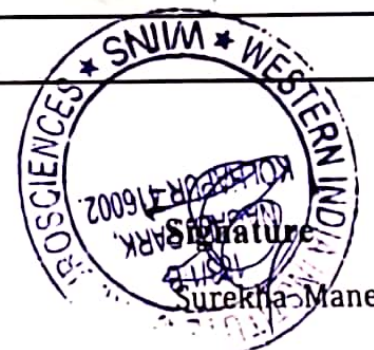
Consultant Dr. : Dr. Santosh Prabhu

Department : Neurosurgery

Sr. No	Service Name	Rate	Qty	Amount
1	ANAESTHESIA CHARGES	8,000.00	1	8,000.00
Bill Amount				8,000.00
Paid Amount				8,000.00
Payments	ReceiptNo	Mode	Cheque Card No	Bank
09/04/2024	24140			
				Amount
				0.00

Received with Thanks Rs. Eight Thousand Only

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



ORTHO SURGERY(CLAVICAL PLATING)			
PATEIENT NAME- Shrikant Ingawale		OPERATION DATE: 02/04/24	
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
LOX JELLY	38	1	38
SEVOFLURANE (30 ML)	720	1	720
INJ. JUSTIN	30	2	60
INJ. VACURONIUM 10MG	109.9	2	219.8
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. 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
THIOPENTAL	61.95	1	61.95
SCOLINE	54.7	1	54.7
COTTON ROLL 500 GMS	480	1	480
DISPOSABLE SYRINGE 5 ML WITH NEEDLE	18	5	90
DISPOSABLE SYRINGE 10 ML WITH NEEDLE	34	5	170
ANTISEPTIC SOLUTIONS	400	1	400
ANTIBIOTIC / TAZO-PIPERA	450	1	450
ETHILONE 3-0	225	2	450
3 WAY B. BRAUN 10 CM	232	1	232
VASOFIX 18	211	1	211
HME FILTER	444	2	888
IV. PARACETAMOL - 100 ML	548	1	548
MICRO GLOVES	114	2	228
PROPOFOL 2% 50ML BAXTER	903	1	903
DYNAPLAST 10 CMS	96	1	96
Total			8405.45
Discount			905.45
Paid			7500



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Shirish

10-05-2024

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 13/04/2024 3:57:06PM

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. : 854
Bill Date : 13/04/2024 15:57
UH ID : 20019280
Visit ID : OPWH20-21-34110
Referred By : Self

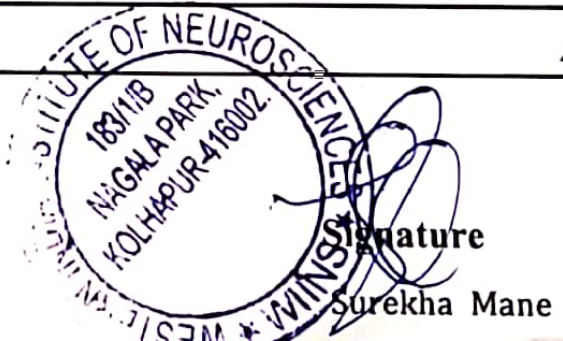
Sr. No	Service Name	Rate	Qty	Amount
1	CT Brain Plain	2,000.00	1	2,000.00
Bill Amount				2,000.00
Paid Amount				2,000.00

Payments	ReceiptNo	Mode	Amount
13/04/2024	24455	Cash	2000.00

Received with Thanks Rs. Two Thousand Only

10-05-2024

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NO. 83/1 B NEAR EVERGREEN HOMES, NEW MAGALA PARK,
OPP. RAJANHAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

01/24

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

FSSAI NO. :

GSTIN: 27AAACW7563P1ZH CIN: U24239MH2008PTC178658

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

TAX INVOICE

SHRIKANT INGAVALI

MOBILE: 0020019280

NAME
& ADD

SANTOSH PRABHU

DR. NAME
& ADD

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

BILL NO.: 503

16:13

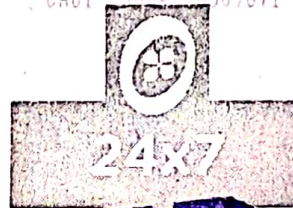
TIME: 03/04/24

DATE:

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
2	ZEXACIN 500MG INJ 2ML VI	MOCK	3004	WH123006	09-25	162.30	5.0	324.60
04	6 DEPIN 10MG 30CAP	CADI	3004	H309671	12-24	31.92	12.0	6.38

GST AMT: 135.43 CGST AMT: 135.43

Page 1 of 1 A-SALES MAN: NILE



TOTAL AMT: 6312.98

DISCOUNT: 631.30

NET TOTAL: 5681.68

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



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OPP. RAJANAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

RUG LICENCE NO: 20-AH-KZ1-539727, 21-539728, 20B-AH-KZ1-539729, 21B-539730, 20F-AH-KZ1-539731

FSSAI NO. 1

GSTIN: 27AAACW565P1ZK, CIN: U24239MH2008PTC178658

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

TAX INVOICE

SHRIKANT THGAVALI

MOBILE: 0020019280

NAME & ADD
KOLHAPUR

BILL NO: 9

DR. NAME
SANTOSH PRAKHU

TIME: 00:53

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

DATE: 07/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
4	C-ONE-SB 1.5GH INJ VIAL	AH	3004	ZJ00558	09-25	340.61	12.0	1362.44
4	JUSTIN-40 INJ 1ML ANP	NEON	3004	PPUAK95	03-25	21.20	12.0	84.80
2	NEOROL 100ML I.V NEON	NEON		83L174	12-25	522.00	12.0	1044.00
2	RAREBERAZ COMBIPACK IPC	GBL		64...	09-25	350.00	12.0	700.00
2	RL 500ML I.V FRB				12-26	63.26	12.0	126.52
2	OMS (PUNISKA) INJ 500ML				11-26	42.80	12.0	85.60
2	MS 500ML IV PUNISKA				01-27	39.04	12.0	78.08

GST AMT: 107.67 CGST AMT: 107.67

Page 1 of 1 A-SALES MAN: HITHILE

TOTAL AMT: 3481.44

DISCOUNT: 1471.06

NET TOTAL: 2010.38



Signature of Registered Pharmacist

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.
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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: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

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

TAX INVOICE

SHRIKANT INGAVALA

MOBILE: 0020019280

LCOM
TIME
& ADD

SANTOSH PRABHU

DR. NAME
& ADD

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

BILL NO: 1859

TIME: 22:14

DATE: 11/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	DVI-18 ANTI EMBOLI STCKG	DYNA	6115	MEDIUM	01-28	2000.00	12.0	2000.00



SGST AMT: 96.42 CGST AMT: 96.42

Page 1 of 1) A-SALES MAN: NILESH VM

TOTAL AMT: 2000.00

DISCOUNT: 200.00

NET TOTAL: 1800.00

Signature of Registered Pharmacist

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.
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OPP. RAJHANAS PRINTING PRESS, KOLHAPUR, 416002
Tel: 8657564279 & 8657564280

RUG LICENCE No: 20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

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

TAX INVOICE

MOBILE: 0020019280

SHRIKANT IMGAYALE

NAME
& ADDDR. NAME
& ADD

SANTOSH PRABHU

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

BILL NO: 80

TIME: 21:11

DATE: 01/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
0*	1 DOLO 650MG 15TAB	HGTF	3004	DOB33320	07-27	33.60	12.0	22.40
4	HANBITOL 20% 100ML I.V F	FRES	3004	82SK42010	09-26	38.08	12.0	152.32
0*	1 DIAHIX 250MG 15TAB	SUNP	3004	TE1772A	06-26	63.78	5.0	42.52
1	PLASTIC BOTTLE SMALL IPC	IND	3973	500231010	12-35	6.00	18.0	6.00
2	NOVO I.V SET POLY	POLY	9019	6009524A	12-28	235.00	12.0	470.00

GST AMT: 162.26 CGST AMT: 162.26

Page 4 of 4) A-SALES MAN: SANJAY A

TOTAL AMT: 3576.52

DISCOUNT: 580.15

NET TOTAL: 2996.37

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Signature of Registered Pharmacist

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