Dr.S.V. Siva Rudresh

M.B.B.S. M.S. (Ortho) E.F.S. (Moscow)

AO Trauma (KSA) N.T.M.C. Fellow in Taumatology

Consultant Orthopaedic & Trauma Surgeon

KMC No.: 45356

FRACTURE & ORTHO CLINIC

# 16/2, Symphony KVNNB Venture, Opp. 5th Cross, Kaggadaspura Main Road, C V Raman Nagar, Bengaluru-560 093.

Tel: 080-43720 824 Mobile: 99000 45356

E-mail: rudresh71@yahoo.com

Date: 13 4 2020

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## Abhayahasta Multispeciality Hospital

#347/247, 2nd Cross, Kaggadasapura Main Road, C.V. Raman Nagar, Bengaluru-560093 Ph.No. 080-46565200, 25349911, 25347788,

Email: abhayahastahospital@gmail.com | www.abhayahastahospitals.com

## OP BILL / RECEIPT

Bill No. **Patient Name** Sponsor

: OPB1204071 : Mrs. Sasmitha

Reg No

**Bill Date** : 13/06/2020 2:53PM : AMSH80560

UHID NO.

Age/Gender

: 32 Y O M O D / F

Consultant

: CASH : Dr. Self

Mobile No.

; 9535712195

Registration

S.No	Particulars	Units	Disc.%	Disc.Amt A	Amount(Rs.)
1	X-RAY ARM	1	0.00	0.00	500.00
2	X-RAY SHOULDER AP/LAT	1	0.00	0.00	600.00
				Bill Total :	1100.00

Net Amt. 1100.00 Paid Amt.

Amount in words :One Thousand One Hundred Rupees Only

Mode of Payment Receipt No Card Charges [%] EFT ORC1207223 0.00 [0.00] Amount(Rs.)

1100.00

Signatory Miss. PALAGIFIL ARISHMA

Printed By: Miss. PALAGIRI KARISHMA Print Date & Time: 13/06/2020 02:53:17 PM

Dr.S. V. Siva Rudresh M.B.B.S. M.S. (Ortho) E.F.S. (Moscow) AO Trauma (KSA) N.T.M.C. Fellow in Taumatology Consultant Orthopaedic & Trauma Sur KMC No.: 45356 No.	geon RECEIPT CUM BILL	FRACTURE & ORTHO CLINIC (STHREE & SHISHU CARE POLY CLINIC) # 16/2, Symphony KVNNB Venture, Opp. 5th Cross, Kaggadaspura Main Roa C V Raman Nagar, Bengaluru-560 093. Tel: 080-43720 824 Mobile: 99000 45356 E-mail: rudresh71@yahoo.com
Received with thanks from Ms./Sn	Female	Sahu.
Procedure / Material / Medicine  Rs		

**CASH BILL** GSTIN:29EJJPS4826Q1Z2 D.L.No.KABB51-124561 TIN: 29841157827 KABB51-124562 SRI CHANNAKESHAVA MEDICALS #67/3B, 6th Cross, Lake Road, Guru Layout, Kaggadasapura C.V Raman Nagar Post, Bangalore - 560 093. 4893 No. ..... Dr. Name..... Patient's Name..... Amount Mfr. Batch Exp. Qty. Description Rs. Ps. Date No. Name 10 Norryen 10 15 10 Goods once sold cannot be taken back or exchanged. TOTAL

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	SRI CHANNAKESH	AVA	M	EDIC	ALS	
#67/3B, 6th Cross, Lake Road, Guru Layout, Kaggadasapura C.V Raman Nagar Post, Bangalore - 560 093.  Date						
Qty.	Description	Mfr. Name	Batch No.	Exp. Date	Amount Rs. Ps.	
2	Calcijorut-03	Lefol	€008	12/21	109-80	
Goods	once sold cannot be taken back or exchanged.	4		TOTAL	109-10	
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