

Bill of Supply

Name : Bill No. :
Age/Gender : Bill/Reg Date : 18/10/2025, 09:27:22 am
Contact No. : Referred by :
UHID : Prescribed Doctor : --
Address : Emp No/Auth Code : --
Center : Ballygunge

# Department	Description of Service	SAC Code	Qty	Rate	Gross Value	Discount	Tax	Net Value
1 Lab Tests	COMPLETE BLOOD COUNT (CBC)	--	1	500.00	500.00	0.00	0.00	500.00
2 Lab Tests	ERYTHROCYTE SEDIMENTATION RATE (ESR)	--	1	130.00	130.00	0.00	0.00	130.00
3 Lab Tests	C-REACTIVE PROTEIN CRP (QUANTITATIVE)	--	1	660.00	660.00	0.00	0.00	660.00
4 Lab Tests	LIVER FUNCTION TEST (LFT) WITH GGT	--	1	1100.00	1100.00	0.00	0.00	1100.00
5 Lab Tests	CREATININE, SERUM	--	1	260.00	260.00	0.00	0.00	260.00
6 Lab Tests	CALCIUM, SERUM	--	1	275.00	275.00	0.00	0.00	275.00
7 Lab Tests	URIC ACID - SERUM	--	1	275.00	275.00	0.00	0.00	275.00
8 Lab Tests	LIPID PROFILE	--	1	1100.00	1100.00	0.00	0.00	1100.00

Payments	Receipt No	Mode	Ref.No	Amount
Settlement				
18-Oct-2025	FBLGRCA75878	UPI	3751	4300.00

Bill Amount : 4300.00
Net Amount : 4300.00
Patient Payable : 4300.00
Patient Paid : 4300.00
Paid Amount : 4300.00

Received With Thanks: Four Thousand Three Hundred Rupee Only

Authorized Signature (PINKY MAITY)

GSTIN

Day Care/OP Cash Bill - Bill of Supply

Reference No :

Name :

Age :

Guardian

Sex :

Name

Address

(2)

Pan Number:

Doctor's Name

Speciality : GENERAL MEDICINE

Bill

Date : 3-Nov-25

Time : 12:04:53



Bill Amount: ` 2,000.00

Amount in words: Two Thousand Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation (999311)					
1	OP Consultation - Follow Up Visit	Consultation	1	2,000.00	0.00	2,000.00
					Sub Total	2,000.00

Service Amount :

2,000.00

Total Bill Amount

2,000.00

Final Payment

(Cash:2,000.00, NonCash:0.00)

2,000.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ` 2,000.00 (CASH)
Two Thousand Only From Ms. USHASI DAS

* Denotes Cancelled Services
 (QR) Denotes Quick Registration

Authorized Signatory

No. 7119

.ob.

Name of Patient

Dr's Name HOSPITAL Address

Qty.	Name of the Drugs	Batch No.	Exp. Date	Mfg. Date	Rs.	P.
1x2g	Flutiform ox	3312	27/3/95	3/8/95	380	00
1x10ml	Giz. M	3689	07/6/94	17/3/94	173	00
2x10ml	Proloctam	6821	8/2/95	3/12/94	238	00
					/	
10g	Discu 712					
					Total	791.00

Sign of Old Person. * Please get your medicine checked by your Doctor before use

Date 4/6/28

No. 7114

Name of Patient

Dr's Name HOSPITAL (T-300, G-1207)

Qty.	Name of the Drugs	Batch No.	Exp. Date	Mfg. Date	Rs.	P.
30000s	Tyrosart 5	SAC 11/2/25	9/4/95	2/0/95	943.20	00
20000s	Sulcal 50	L273 10/6/94	31/7/94	11/6/94	317.20	00
2X15ml	Rosuvast 10	00A 21/7/94	7/3/94	1/1/94	738	00
1X12cap	Upride D 50K	00C 11/6/94	4/1/95	1/1/94	413.60	00
30000s	Freeline 50T	4028 21/6/94	555	1/1/94	555	00
					Total	2967.08

Sign of Old Person. * Please get your medicine checked by your Doctor before use

Date 3/6/28 * Goods once sold are not return E. & O. E.

SUNDAY CLOSED

★ HC

No. 7299

Name of Patient _____

Dr's Name HOSGLI TOH (T-3051-12F) Address
Address

Sign of Old Person  Please get you
Date 24/7/28  Good
 SUP

No. 6545

Name of Patient ...

Drs Name Hospital

Sign of Old Person * Please get your medicine checked by your Doctor **Total**

No. 6211

Name of Pa.

Dr's Name ... Hospital

Address.

Address..

Sign of Old Person

Please get you

Date 2/19/19

No. 6623

Name of F.

Dr's Name: H. S. Ritter

Address.

Qty.	Name of the Drugs	Batch No.	Exp. Date	Mfg. Date	Rs.	P.
20x1 Sach	Shel Cool 500	233	4/27/25	9/25/24	297.17	
30x10 sach	Z Gurutti 25	07A	7/27/25	9/11/24	911.25	
					/	
					/	
Total Amount -		X			1208.42	
St. Discn		-			60.41	
Net Amount					/	
					Total	1148.01

Sign of Old Person

Total

Please get your medicine checked by your Doctor before use.

Date 7/11/2012