

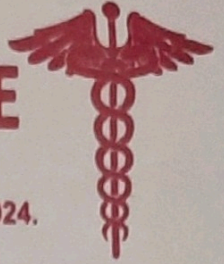
Mobile : 73583 02719
Landline : 044 - 42130597

DHARAN HEALTH CARE CENTRE

"We Care Your Heart"

No.15/46, Bharatheeswarar Colony, 1st Main Road, Kodambakkam, Chennai - 600 024.

Email : dharanhealthcarecenter@gmail.com / sharmi pharmacy13@gmail.com



13/04/2023

@ 8.20pm

Bp - 90/60 mmHg

T - (N)

SpO2 98% - O2 sat

Mr. madhusudhan 24y/m

↓ = Hypertensive emergency
+ Dehydration.
for gradiness (+).

E

ivf - RL 10 @ 100ml/hr.
Ij. Emset 4mg iv stat.

Obs & hypox
opinion

T. Vomited - no. (Sas)

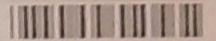
A. S. S.

DHARAN HEALTH CARE CENTER

159/46, BHARATHESWARAR COLONY
1ST MAIN ROAD, PERIYAR PATHAI, KODAMBAKKAM, CHENNAI- 600024,
Ph: 044 42130597, 7358302719

Bill

Bill No / Date : B730 / 13-04-2023 9:00PM Outpatient No : OP/2023/04/594
UHID : DHCC594 Consultant : DR.SRIDHARAN
Patient Name : MS. MADHUSHIKANA , 24 / FEMALE
Address : Choolaimedu, Chennai - PH : 8889897489



S.No	Modality	Description	Amount
1	Procedures	INJECTION CHARGES	100.00
2	Procedures	OBSERVATION I.V. FLUIDS	200.00
3	CONSULTATION	DR.SRIDHARAN CONSULTATION	200.00

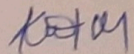
Bill Amount : 500.00

Pay Mode : CASH : 500.00

Paid : 500.00

In Words : Five Hundred Only

Prepared By : Admin


Signature



SHARMI PHARMACY

159/46,BHARATHESWARAR COLONY,1ST MAIN ROAD,PERIYAR PATHAI,KODAMBAKKAM,CHENNAI- 600024,PH: 044 42130597,
7358302719

DL NO : TN/Z 02/20/00172 TN/Z 02/21/00172, GST NO : 33BNBPS8102G1Z8

CASH BILL

BILL NUMBER : S795
UHID : DHCC594
PATIENT NAME : MS. MADHUSHIKANA / 24 / FEMALE
DOCTOR NAME : DR.SRIDHARAN

BILL DATE : 13-04-2023 09:00PM
OP / IP NO : OP/2023/04/594
CONTACT NO : 8889897489

PRODUCT NAME	HSN	MFR	BATCH NO	EXPIRY	QTY	MRP	TAXABLE	GST %	GST AMT	NET AMOUNT
ROMSON IV SET	3004		K2210207	09/27	1	176.00	157.14	12	18.86	176.00
ROMSONS S V SET 20 G	9018		G2206107	05/27	1	25.00	22.32	12	2.68	25.00
RL	3004		HF163226	12/24	1	56.43	50.38	12	6.05	56.43
NUBENO 3 ML	9018		2301080	12/27	1	19.00	16.96	12	2.04	19.00

Gross: 276.43 Discount : 0.00 GST : 29.62 Coinage : -0.43 Total: 276.00

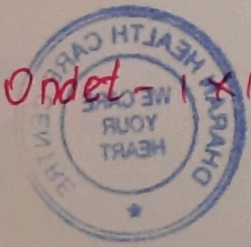
Amount In Words: Two Hundred Seventy-Six Only

Payment Type: CASH

Attended By: ADMIN

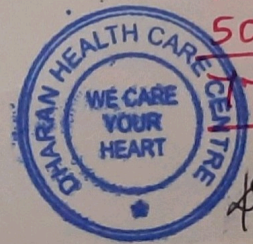
Prepared By: ADMIN

THIS IS A COMPUTER GENERATED INVOICE AND DOES NOT REQUIRE SIGNATURE



Ondet - 1 x 15 = 15

776
15
791



276

500

776

ADM