

Mobile : 73583 02719  
Landline : 044 - 42130597

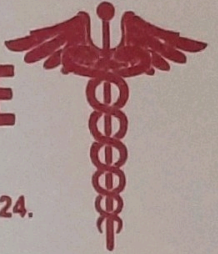


# DHARAN HEALTH CARE CENTRE

"We Care Your Heart"

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

Email : dharanhealthcarecenter@gmail.com / sharmiphararmacy13@gmail.com



20/4/2023

Mr. ~~Vignesh~~ 27yos/m  
Vignesh

Fever, body pain,

Bp: 110/70 mmHg  
pulse: 97 min<sup>-1</sup>  
SpO<sub>2</sub>: 99%  
Tem: 97.8°F

Rx

IVP: RL 500 ml 100ml/hr  
Inj: Zone 1gm  
Inj: Pantoprazole 40mg  
Inj: Emeset  
Inj: B<sub>1</sub> B<sub>6</sub> B<sub>12</sub>  
Inj: Ketolac - Im  
Inj: P+G+D+  
Inj: metrogel

IV stat

Rx

Tab: AZITRO 500mg  
Tab: Neurokind Gold RP  
(B.P) tab: Pan  
Tab: FLOXIP 500mg  
Tab: ACIDIGESIC - SP  
(SOS) tab: Dolo 650 mg

1 - 0 - 0
0 - 1 - 0
1 - 0 - 1
1 - 0 - 1
1 - 0 - 1
1 - 0 - 1

5 days

V. Ishu  
20/4/2023

Facilities : Sharmi Pharmacy, ECG, ECHO, USG, X-Ray, Lab

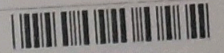


## DHARAN HEALTH CARE CENTER

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

### Bill

Bill No / Date : B747 / 20-04-2023 3:38PM  
UHID : DHCC593  
Outpatient No : OP/2023/04/593  
Consultant : DR.SRIDHARAN



Patient Name : MR. VIGNESH , 28 / MALE  
Address : Choolaimedu, Chennai - PH : 7448872369

S.No	Modality	Description	Amount
1	Procedures	INJECTION CHARGES	400.00
2	Procedures	OBSERVATION I.V. FLUIDS	300.00
3	CONSULTATION	DR.SRIDHARAN CONSULTATION	200.00

Bill Amount : 900.00

Paid : 900.00

Pay Mode : CASH : 900.00

In Words : Nine Hundred Only

Prepared By : Admin

*[Signature]*

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 : S813  
UHID : DHCC593  
PATIENT NAME : MR. VIGNESH / 28 / MALE  
DOCTOR NAME : DR. SRIDHARAN

BILL DATE : 20-04-2023 04:32PM  
OP / IP NO : OP/2023/04/593  
CONTACT NO : 7448872369

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
MONOFACE - 1	3004		MNK-2205	10/24	1	67.02	59.84	12	7.18	67.02
PROTONFIX 40 MG	3004		MD22L15	11/24	1	55.36	49.43	12	5.93	55.36
NUBENO 10ML	9018		21111042	10/26	1	35.00	31.25	12	3.75	35.00
METRONIDAZOLE 100 ML	3004		HF242273	10/24	1	24.64	22.00	12	2.64	24.64
FLOXIP 500	3004	ABBO	AMH0441	09/25	6	4.53	24.26	12	2.91	27.18
						GST : 50.00	Coinage : 0.38	Total:	467.00	

Gross: 466.62

Discount : 0.00

Amount In Words: Four Hundred Sixty-Seven Only

Payment Type: CASH

Attended By: ADMIN

Prepared By: ADMIN

Ketolac -  $1 \times 35 = 35$

Ondet -  $1 \times 15 = 15$   
50

THIS IS A COMPUTER GENERATED INVOICE AND DOES NOT REQUIRE SIGNATURE



467  
50  
517

517  
900  
1417