

SHREE LAXMI HOSPITAL

Eye Care & Phaco Centre

11/7B, Mundhwa Bypass Road, Near Reliance Mart,

Chandannagar, Pune 411014.

Tel.No : 020-64103164 Mob : 9822759977



Our Mission For Your Vision

Dr. Amit Bhosale

M.B.B.S., M.S. (Ophth.)

OPD Hours : 5 pm to 9 pm

(By Appointment)

Reg.No. 2003/04/1610

UNIT 2 : 202/9 Krishna Kunj, Above Bank of India,
Near Lifeline Hospital, Wagholi, Pune.

DISCHARGE SUMMARY

Name : MR.MANGESH PADOLE

Reg.No. : 24950

Address :

Age/Sex : 56 / M

Date of Admission : 04.02.2020 Time : 08.00 AM

Date of Discharge : 04.02.2020 Time : 04.00 PM

Diagnosis : Cataract - Immature LEFT EYE

Clinical Data : Vn : (RE) 6/12, (LE) 6/120
IOP : (RE) 14, (LE) 12
Sac : (RE) P, (LE) P
A-Scan : (RE) , (LE) +20.00D

Treatment Given : TAB ZIFI 200 MG BD
TAB ALPRAX 0.5 MG
TROPICAMIDE PLUS E/D

Name of Operation : PHACOEMULSIFICATION WITH EYHANCE IOL LE On : 04.02.2020
Surgeon : DR. AMIT BHOSALE

Condition on Discharge : W-HEALTHY
CO-CLEAR
AC-WF
P-NS
P/A-LR

Treatment Advised : VIGAMOX E/D QID
NEPALACT E/D TDS
DIFLUCOR E/D QID

Follow-up : 07-02-2020

Dr. Amit Bhosale



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MBBS, MS(Ophth.)
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CASE SHEET

PATIENT'S NAME : MR. MANGESH PADOLE

REGD.NO. : 24950

DATE OF ADMISSION : 04.02.2020

DATE OF SURGERY : 04.02.2020

SURGEON : DR. AMIT BHOSALE

ASSISTANT :

SISTER / SCRUB NAME : S/N LOKHANDE

PRE-OP DIAGNOSIS : IMSC LE

OPERATION PERFORMED : PHACOEMULSIFICATION WITH EYHANCE IOL LE

LID EXPOSURE : NO

DISPOSABLE DRAPE : YES

LID SPECULUM : YES

LID SUTURES : NO

SUP RECTUS SUTURE : NO

INF RECTUS SUTURE : NO

CONJUNCTIVAL : NO

CAUTERY : NO

SIZE OF INCISION : 2.2MM

TYPE OF INCISION : CC

SITE OF INCISION : TEMPORAL

SIDE OF PORT : 2

A/C MAINTAINER : NO

CAPSULOTOMY : C.C.C.



(Signature)

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UNIT 2 : 202/9 Krishna Kunj, Above Bank of India,
Near Lifeline Hospital, Wagholi, Pune.

HOSPITAL BILL

Patient : MANGESH PADOLE

Regd.No. : 24950

Bill Date : 04.02.2020

Admitted On : 04.02.2020 Discharged On : 04.02.2020

Operation : PHACOEMULSIFICATION WITH EYHANCE IOL LE

Sr.No.	Particulars	Amount
01.	OPERATION THEATRE CHARGE.....	5,000.00
02.	OPERATION CHRGES.....	17,000.00
03.	LENS IMPLANT CHARGES.....	20,850.00
04.	CONSUMABLES.....	2,350.00
05.	MEDICINES.....	
06.	BED CHARGES.....	500.00
07.	NURSING CHARGES.....	400.00
08.	
09.	

Rs.in words :

Fourty Six Thousand One Hundred Only.



MODEL: ICB00

DIOPTER: +20.0D

SN 8046831919

2024-05-07

Ø_r: 13 mm Ø_a: 6 mm

Johnson & Johnson VISION

TOTAL :

46,100.00

Less Advance :

0.00

NET PAYABLE :

46,100.00



Signature

Dr. Amit Bhosale
MBBS, MS(Ophth.)
Reg.No.2003/04/1610

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Chandannagar, Pune 411014.

Tel.No : 020-64103164 Mob : 9822759977

UNIT 2 : 202/9 Krishna Kunj, Above Bank of India,
Near Lifeline Hospital, Wagholi, Pune.

Dr. Amit Bhosale

M.B.B.S., M.S. (Ophth.)

OPD Hours : 5 pm to 9 pm
(By Appointment)

Reg.No. 2003/04/1610

IPD RECEIPT

Receipt No : 1139 Date : 04.02.2020

Received Rs : 46100/-

From : MANGESH PADOLE

Towards : Final Bill

Rs.in words : Received Rs. Fourty Six Thousand One Hundred Only.

Chq.No. : Bank :

Signature

PAID



Dr. Amit Bhosale
MBBS, MS(Ophth.)
Reg.No.2003/04/1610

Reg.No.2003/04/1610

SANGHAVI DISTRIBUTORS(P)

SHOP NO 17, SUJAY GARDEN, MUKUND NAGAR, PUNE 411037

GST NO-27ADAFS6487L1ZE

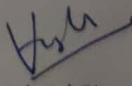
Ph: 9371240585/9767566767

D.L. NO-20B-MH-PZ1-166134,21B-MH-PZ1-166135

Invoice No. : 2165	Date: 03/02/2020
Name and address of the Consignee: Dr.AMIT BHOSALE	Ref. Your Letter No.: Delivery Challan No.:1981

S. NO.	Particulars	QTY.	Rate		Amount	
			Rs.	Ps.	Rs.	Ps.
1	TECNIS EYHANCE IOL	1	20850	0	20850	00
	POWER=+20.00D S. NO. : 8046831919					
2	HEALON 0.5 ML	1	2350	0	2350	0
	Rupees Twenty three thousand two hundred only		Total		23200	00

Note: Inclusive of Tax

No cash payment please. All payment must be Account Payee bank cheque/draft on any bank	For SANGHAVI DISTRIBUTORS  Authorised Signature
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सन १९४९च्या दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन ॲक्टच्या कलम ५
अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट नियम ५ अन्वये



क्रमांक:- ४७७

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन ॲक्ट १९४९ अन्वये

श्री/श्रीमती - डॉ.अमित पी.भोसले

श्री लक्ष्मी आय हॉस्पिटल

मु.पो.२०२,९ कृष्णकुंज, नगररोड वाघोली

ता.हवेली, जिल्हा - पुणे -४१२२०७

येथील नर्सिंग होम /मॅटर्निटी होम रजिस्टर केले असून सदरचे

नर्सिंग होम व मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक :-४७७

प्रसुतीसाठी :-००

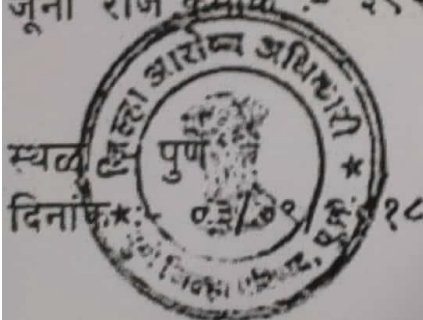
रजिस्ट्रेशन दिनांक :- ०३/०९/२०१८

इतर रुग्णांसाठी :-०३

सर्टिफिकेट दिल्याचा दिनांक :-०३/०९/२०१८

सदरचे सर्टिफिकेट ३१ मार्च २०२१ पर्यंत कार्यवाहीत राहील.

जुना रजि क्रमांक :- ३९२ दिनांक :-०४/०३/२०१५



जिल्हा आरोग्य अधिकारी
जिल्हा परिषद पुणे.


भारत सरकार
GOVERNMENT OF INDIA



मंगेश शालीकराम पडोळे
Mangesh Shalikram Padole
जन्म वर्ष / Year of Birth : 1964
पुरुष / Male

7005 0272 5351 

आधार - सामान्य माणसाचा अधिकार



Dr. Amit Bhosale
MBBS, MS (Ophth.)
Reg. No. 2003/04/1610


भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : C/O मंगेश पडोळे, निजर कैलाश यादव के पास, न्यू लक्ष्मी नगर मनोहरभाई वाई
०४, गोंदिया, महाराष्ट्र, 441614

Address : C/O Mangesh Padole, Near kalash yadav ke pas, New Laxmi Nagar
Manoharbhail Ward 04, Gondia, Gondiya, Maharashtra, 441614

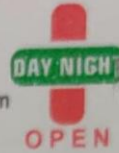
Aadhaar - Samanya Maansacha Adhikaar

Tax Invoice

HEALTH HUB
CHEMIST, DRUGGIST & SUPERMARKET

24X7 DAYS

Health Hub, Shop No. 8 Kul Scape,
Opp. Reliance Mart, Kharadi,
Pune 411014 | healthhubmedical@gmail.com
92848 82505 | 020- 2701 3626
DL NO.: 20-293184 20B-293186
DL NO.: 21-293185 21B-293187



NAME: MANGESH PADOLE (9420517120)

BILL NO.: 139851

TIME: 09:53

DR. NAME: DR. VAISHALI BHOSALE

DATE: 04/02/2020

Consult Your Doctor Before Using The Medicine

QTY.	ITEM NAME	HSN CODE	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1 x 5ML	VIGAMOX EYE DROPS	3004	306915F	02-21	299.00	12.0	299.00
1 x 5ML	NEPALACT EYE DROPS	3004	FTW0111	09-21	174.50	5.0	174.50
1 x 5ML	DIFLUCOR EYE DROPS	3004	N0049D	03-21	148.00	5.0	148.00

SGST: 23.68

CGST: 23.68

S.MAN: DATTA

GSTIN: 27AALFH4727N1ZT

WE WISH YOU A HAPPY & HEALTHY LIFE

TOTAL AMT: 621.50

NET TOTAL: 621.00

Signature of Registered Pharmacist

ORIGINAL Any overcharge due to oversight will be refunded E.&O.E.

Tax Invoice



Health Hub, Shop No. 8 Kul Scape,
Opp. Reliance Mart, Kharadi,
Pune 411014 | healthhubmedical@gmail.com
92848 82505 | 020- 2701 3626
DL NO.: 20-293184 20B-293186
DL NO.: 21-293185 21B-293187



NAME: NR NAGESH PADOLE()

BILL NO.: 139477

DR. NAME: DR AMIT BHOSLE

TIME: 15:52

DATE: 03/02/2020

Consult Your Doctor Before Using The Medicine

QTY.	ITEM NAME	HSN CODE	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1 x 3ML	TROPICACYL PLUS EYE DROPS		TP1924	11-21	62.00	12.0	62.00
1 x 180ML	PAPER BOAT CHILLI GUAVA		020	02-23	20.00	12.0	20.00
1 x 10'S	CEFIX 200MG TAB	3004	TAAD9018A	04-21	105.16	12.0	105.16
x 15'S	ALPRAX 0.5MG TAB	3004	2E10F018	06-22	50.60	12.0	3.37

SGST: 10.20

CGST: 10.20

S.MAN: SATISH

GSTIN: 27AALFH4727N1ZT

WE WISH YOU A HAPPY & HEALTHY LIFE

TOTAL AMT:

190.53

NET TOTAL:

191.00

Signature of Registered Pharmacist

ORIGINAL Any overcharge due to oversight will be refunded E.&O.E.

Siddhi Pathology Laboratory

Off. No. 2, Gokul Dham Building, S. No. 41/1 Vidyanaag
Pimple Gurav (Krishna Chowk, Dapodi Link Road) New Sang
Pune - 41, Maharashtra, Ind
Mob. : 98224 57295, Off. : 020 - 65000503, 272031
E-mail : siddhipathologylab@gmail.com
Timing : 8.30 am to 9.30 pm • Sunday : 8.30 am to 1.30 pm

RECEIPT

Receipt No. : IP - 60648

Name : Mr. Mangesh Padole (ID: 35431)

Sex / Age : Male / 56 years

Payment Mode : DEBIT CARD Referral : Amit Bhosale

Date & Time : 03/02/20, 05:18 PM

Sr.	Test Name	Test Price
1	BLOOD GLUCOSE LEVEL (RANDOM)	60.00
2	URINE ROUTINE EXAMINATION REPORT	100.00

Payable Amount (in words) One Hundred Sixty only

Total : 160.00

Payable Amount : 160.00

Total Paid : 160.00



Cashier's Signature