

Final Bill of Supply - Diagnostics Bill
(Health Care Service - SAC: 999316)

Patient Name: **Mrs. SONAM SHARMA** MR No: **718139** Bill Date/Time: **05/01/2023 6.57 PM**
W/O DEEPAK SINGH RANA Bill No: **213929** Age/Sex: **30 Years11 Months25**
Doctor Name: **JOGITHA** Req No: **SH 3035836** Mobile No: **8303273690**

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	LAB	HBs Ag (Elisa)		595.38
2	LAB	RPR		433.68
3	LAB	Blood ABO Group AND Rh Type		286.67
4	LAB	HAEMOGRAM		433.68
5	LAB	Urine Examination		235.21
6	LAB	Glycosylated Haemoglobin (HbA1c)		595.38
7	LAB	HIV (Elisa)		595.38
8	LAB	TSH (ANC)		316.07
9	LAB	HB Variants Estimation by H.P.L.C.- I		808.55
10	LAB	CULTURE & SENSITIVITY URINE		1280.00

Rupees: **Five Thousand Five Hundred Eighty rupees only** Total Amount Rs: **5580.00**

Pay Mode:

Diagnosis: **lab** Paid Amount Rs: **5580.00**

Note: This is a computer-generated document. No signature is required.



You can check your reports(Only Lab) online at www.fernandezhospital.com and click the Lab reports tab.

User Name: **3035836** Password: **SOR3062133**

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name:	Mrs. SONAM SHARMA	MR No:	718139	Bill Date/Time:	09/02/2023 4.25 PM
	W/O DEEPAK SINGH RANA	Bill No:	239310	Age/Sex:	31 Years29 Days/Female
Doctor Name:	SANTOSH R	Req No:	SH 3062794	Mobile No:	8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	FETAL MEDICINE	Fetal Well Being Scan (New)		3470.00

Rupees: **Three Thousand Four Hundred Seventy rupees only**

Total Amount Rs: **3470.00**

Pay Mode: **Credit Card**

Diagnosis: **SCAN**

Paid Amount Rs: **3470.00**

Note: This is a computer-generated document. No signature is required.



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User Name: **3062794** Password: **SOR3089091**

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Print Date/Time: **29/04/2023 5.13.37 PM**

7460RAHAMAN

Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA	MR No: 718139	Bill Date/Time: 08/03/2023 8.19 AM
W/O DEEPAK SINGH RANA	Bill No: 258836	Age/Sex: 31 Years1 Months25 Days/Female
Doctor Name: INDIE KAUR	Req No: SH 3084095	Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	FETAL MEDICINE	AFI & EFW		1090.00

Rupees: **One Thousand Ninety rupees only** Total Amount Rs: **1090.00**

Pay Mode: **Credit Card**

Diagnosis: **SCAN** Paid Amount Rs: **1090.00**

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User Name: 3084095 Password: SOR3110396

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Print Date/Time: 29/04/2023 5.14.02 PM

6537SRILATHA

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name:	Mrs. SONAM SHARMA W/O DEEPAK SINGH RANA	MR No:	718139	Bill Date/Time:	23/03/2023 3.03 PM
Doctor Name:	CHILD BIRTH CLASS 3 PHYSICAL	Bill No:	270560	Age/Sex:	31 Years2 Months12 Days/Female
		Req No:	SH 3096655	Mobile No:	8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	NST	NST		290.00

Rupees:	Two Hundred Ninety rupees only	Total Amount Rs:	290.00
Pay Mode:	Credit Card		
Diagnosis:	nst	Paid Amount Rs:	290.00

Note: This is a computer-generated document. No signature is required.



You can check your reports(Only Lab) online at www.fernandezhospital.com and click the Lab reports tab.

User Name: 3096655 Password: SOR3122957

Please scan the QR code to leave a feedback about our services.

Print Date/Time: 29/04/2023 5.14.43 PM

7173PRAVEEN

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA MR No: 718139 Bill Date/Time: 30/03/2023 3.07 PM
W/O DEEPAK SINGH RANA Bill No: 275705 Age/Sex: 31 Years2 Months19 Days/Female
Doctor Name: JOGITHA Req No: SH 3102166 Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	NST	NST		290.00

Rupees: Two Hundred Ninety rupees only Total Amount Rs: 290.00
Pay Mode: Credit Card
Diagnosis: nst Paid Amount Rs: 290.00

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You can check your reports(Only Lab) online at www.fernandezhospital.com and click the Lab reports tab.

User Name: 3102166 Password: SOR3128468

Please scan the QR code to leave a feedback about our services.

Print Date/Time: 29/04/2023 5.15.01 PM

7151PREM

Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA	MR No: 718139	Bill Date/Time: 04/04/2023 10.20 AM
W/O DEEPAK SINGH RANA	Bill No: 2198	Age/Sex: 31 Years2 Months24 Days/Female
Doctor Name: JOGITHA	Req No: SH 3105541	Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	NST	NST		290.00

Rupees: Two Hundred Ninety rupees only	Total Amount Rs: 290.00
Pay Mode: Credit Card	
Diagnosis: NST	Paid Amount Rs: 290.00

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User Name: **3105541** Password: **SOR3131844**

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA	MR No: 718139	Bill Date/Time: 04/04/2023 8.35 AM
W/O DEEPAK SINGH RANA	Bill No: 2083	Age/Sex: 31 Years2 Months24 Days/Female
Doctor Name: JOGITHA	Req No: SH 3105426	Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	FETAL MEDICINE	AFI & EFW		1160.00

Rupees: **One Thousand One Hundred Sixty rupees only** Total Amount Rs: **1160.00**

Pay Mode: **Credit Card**

Diagnosis: **scan** Paid Amount Rs: **1160.00**

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User Name: **3105426** Password: **SOR3131728**

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA	MR No: 718139	Bill Date/Time: 04/04/2023 10.27 AM
W/O DEEPAK SINGH RANA	Bill No: 2217	Age/Sex: 31 Years2 Months24 Days/Female
Doctor Name: JOGITHA	Req No: SH 3105559	Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	LAB	HAEMOGRAM		540.00

Rupees: **Five Hundred Forty rupees only** Total Amount Rs: **540.00**

Pay Mode: **Credit Card**

Diagnosis: **lab** Paid Amount Rs: **540.00**

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User Name: **3105559** Password: **SOR3131862**

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: Mrs. SONAM SHARMA	MR No: 718139	Bill Date/Time: 11/04/2023 9.26 AM
W/O DEEPAK SINGH RANA	Bill No: 7221	Age/Sex: 31 Years2 Months31 Days/Female
Doctor Name: JOGITHA	Req No: SH 3110914	Mobile No: 8303273690

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	NST	NST		290.00

Rupees: **Two Hundred Ninety rupees only** Total Amount Rs: **290.00**

Pay Mode: **Credit Card**

Diagnosis: **NST** Paid Amount Rs: **290.00**

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User Name: **3110914** Password: **SOR3137217**

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Final Bill of Supply - Diagnostics Bill

(Health Care Service - SAC: 999316)

Patient Name: **Baby Of. SONAM SHARMA** MR No: **734467** Bill Date/Time: **20/04/2023 10.56 AM**
D/O DEEPAK SINGH RANA Bill No: **13756** Age/Sex: **5 Days/Female**
Doctor Name: **SUNKARA RAMSAI S** Req No: **SH 3117857** Mobile No: **8303273690**

S.No	Dept Name	Investigations	Emergency	Amount (Rs)
1	LAB	TSB (Capillary Tube)		290.00

Rupees: **Two Hundred Ninety rupees only** Total Amount Rs: **290.00**
Pay Mode: **Credit Card**
Diagnosis: **LAB** Paid Amount Rs: **290.00**

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User Name: **3117857** Password: **SOR3144161**

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Print Date/Time: **29/04/2023 5.53.15 PM**

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