

परिशिष्ट-ग  
(भाग पॉच नियम-16 तथा 18)

सेवा में

माननीय जनपद न्यायाधीश  
शाहजहाँपुर

विषय चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

महोदय,

मे ..... अनुसूचित  
मेरे पारिवारिक सदस्य कुसुम लता देवी (माता)  
ने Multiple teeth decay लिए  
दिनांक 13/03/2024 से 03/04/2024 तक Dental Care Clinic में उपचार करवाया है। मे  
निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ:

1. उपचारी चिकित्सक / चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित / प्रतिहस्ताक्षरित अनिवार्यता प्रमाण पत्र।
2. उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (केश ममा), बीजक (बिल), बाउचर।
3. यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझपर पूर्णतया आश्रित है और सामान्यतया मेरे साथ निवास करता है।

मेरे द्वारा खर्च किये गये रूपये 64,200/- (षष्ठहजार दो सौ रुपये) के मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करे। यह प्रमाणित किया जाता है कि उपरोक्त धनराशि का भुगतान मेरे द्वारा किसी अन्य संस्था एवम् बीमा कंपनी से नहीं लिया गया है न ही भुगतान हेतु कोई दावा प्रस्तुत किया गया है।

दिनांक: 16/04/2024


प्रार्थी  
(हस्ताक्षर)  
कुर्मचारी / अधिकारी का नाम  
पद नाम  
तैनाती का स्थान:

परिशिष्ट 'ड'

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती..... KUSUM LATA DEVI.....  
पुत्र/पति/पत्नी श्री..... JHAMAR SINGH.....  
आयु..... 59 वर्ष..... Multiple teeth decay.....

रोग से पीड़ित हैं। इनका उपचार .... Dental care clinic..... (चिकित्सालय का नाम)  
में मरीज की अपरिहार्य परिस्थिति/आकस्मिकता को देखते हुये दिनांक... 13/3/2024..... से शुरू किया गया।

  
Mob: 9450390898  
Dr. Anshu Singh  
B.D.S., M.D.S., (Conservative & Endodontics)  
Dental Care Clinic  
First Floor-TVC-71, Shree Ganesh Tower  
Vibhuti Khand, Lucknow

**ESSENTIALITY CERTIFICATE  
CERTIFICATE 'A'**

(To be completed in the case of patients who are Not Admitted to the Hospital for treatment)

Certificate granted to Mr./Mrs./Miss KUSUM LATA DEVI  
wife/Son/Daughter of Mr. JHAMAR SINGH  
Employed in the .....

(To be signed by the Medical Officer-In-Charge of the case at the Hospital)

I, Dr. Abhinav Singh hereby, certify:-

- (a) That I charged and received Rs. 500/- for consultation on 13/13/2024 (date to be given) at my consulting room /at the residence of the patient.
- (b) That I charged and received Rs. NA for administering intra-muscular injections on NA subcutaneous at my consulting room/ the residence of the patient.
- (c) To the injections were for/were not for immunizing or prophylactic purposes.

(d) That the patient has been under treatment at hospital... Dental Clinic Care Clinic my consulting room and the under mentioned medicines, prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the..... (name of the Hospital) for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primary foods, toilets.

NAME OF MEDICINES	PRICES
1. <u>Consultation + DPL</u>	<u>1200/-</u>
2. <u>RCT + Extraction</u>	<u>8000/-</u>
3. <u>Filling + Fiber Post</u>	<u>12000/-</u>
4. <u>Surgery + Bridge</u>	<u>431500/-</u>
<b>Total - <u>64,200/-</u></b>	

- (e) That the patient is/was suffering from Multiple Teeth decay and is/was under my treatment from 13/13/2024 to 3/04/2024.
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-ray, laboratory test etc. for which an expenditure of Rs. .... were incurred, were necessary and were undertaken on my advice at ..... (Name of the Hospital/Laboratory).
- (h) That I referred the patient to Dr. Abhinav Singh for specialist consultation and that the necessary approval of the ..... (Name of the Chief Administrative Officers of the State) as required under the Rules, was obtained.
- (i) That the patient did not require/required hospitalization.

Mob: 9450390888  
**Dr. Abhinav Singh**  
B.D.S., M.D.S., (Conservative & Endodontics)  
Dental Care Clinic  
1st Floor-TVG-71, Shree Ganesh Tower  
Vibhuti Khand, Lucknow

Mob: 9450390888  
**Dr. Abhinav Singh**  
Signature & Designation of  
Medical Officer of  
Hospital/Dispensary to which attached

Place: Lucknow  
Date:

**COUNTERSIGNED**

I certify that the patient has been under treatment at the Dental Care Clinic Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place: Lucknow  
Date:

Mob: 9450390888  
**Dr. Abhinav Singh**  
B.D.S., M.D.S., (Conservative & Endodontics)  
Dental Care Clinic  
MEDICAL SUPERINTENDENT  
Dental Care Clinic HOSPITAL  
Vibhuti Khand, Lucknow

Certificate granted to Mrs./Mr./Miss KUSUM LATA DEVI  
 Wife/Son/Daughter of Mr. JHAMAR SINGH  
 Employed in the.....

**CERTIFICATE "B"**

(To be Completed in the case of patients who are admitted to hospital for treatment)

**PART - A**

(To be signed by the Medical Officer in charge of the case at the hospital)

- I, Dr. Abhinav Singh hereby certify :-
- (a) that the patient was admitted to hospital on my advice/the advice of.....  
 .....(Name of medical officer).
  - (b) that the patient has been under treatment at .....and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, for preparation which are primarily foods, toilets or disinfection.

S.N.	Name of medicines	Prices
1.	Consultation + OPD	12000/-
2.	RCT + extractor	8000/-
3.	fillings + fiber post	12000/-
4.	Surgery + bridge	43000/-
5.	<b>Total</b>	<b>64000/-</b>

- (c) That the injections administered were not for immunizing or prophylactic purposes.
- (d) That the patient is/was suffering from multiple teeth decay and is/was under my treatment from 13/3/2024 to 3/4/2024
- (e) That the X-ray, Laboratory tests, etc. for which an expenditure of ₹ 00/- was incurred were necessary and were undertaken on my advice at.....  
 ..... (Name of hospital or laboratory)
- (f) That I called in Dr. Abhinav Singh..... (Name of the Chief Administrative Medical Officer of the State), as required under the rules, was obtained.

Signature and Designation of  
 The Medical Officer-in-charge

**PART - B**

I certify that the patient has been under treatment at the Dental care colony hospital and that the services of the special nurses, for which and expenditure of ₹ 00/- was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge of the case at the Hospital

COUNTERSIGNED

Medical Superintendent  
D. Dental care colony Hospital

I certify that the patient has been under treatment at the Dental care colony Hospital and that the facilities provided were minimum which were essential for the patients treatment.

Medical Superintendent  
Dental care colony Hospital

Place: Lucknow  
 Date: 3/4/2024

N.B. :- Certificate not applicable should be struck off. Certificate (d) is Compulsory and must be filled in by the Medical Officer in all cases.

## कार्यालय मुख्य चिकित्सा अधिकारी

विभाग/कार्यालय का नाम .....  
 रोगी का नाम श्री/श्रीमती/कु. KUSUM LATA DEVI  
 अधिकारी/कर्मचारी से रोगी का सम्बन्ध MOTHER  
 चिकित्सा का विवरण तालिका दिनांक 13/3/2024 से 3/4/2024 तक

क्र. सं.	दिनांक	बाउचर संख्या एवं एजेन्सी का नाम	बाउचर की धनराशि	देय धनराशि	धनराशि देय योग्य नहीं है।	अभ्युक्ति
1.	13/3/24	1214 - Consultant	5000/-			
2.	11	11 OPG	7000/-			
3.						
4.	3/4/24	1236 - RCT 21, 13	7000/-			
5.	11	11 Extraction 14	15000/-			
6.	11	11 Composite filling 17, 18, 22	4500/-			
7.	11	11 Fiber Post 11, 21, 13	7500/-			
8.	11	11 Surgery	5000/-			
9.	11	11 Bridge (21, 11, 12, 13, 14, 15, 16, 17)	88,000/-			
10.						
11.						
12.						
13.						
14.						
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20.						
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23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

Total = 64,200

Verified.

*[Signature]*

Mob: 9403000000  
**Dr. Abhinav Singh**  
 B.D.S., M.D.S. (Conservative & Endodontics)  
 Dental Care Clinic  
 First Floor, West, Shree Ganesh Tower  
 Vijnan Nagar, Lucknow

Registration No. 002866

**RECEIPT**

Mob. : 9450390888

# DENTAL CARE CLINIC

Shree Ganesh Tower, TVC - 71, First Floor  
In-front of Lohia Hospital OPD Gate, Vibhuti Khand, Lucknow-226010

Receipt Number 2024 / **1214**

Date : **13/3/2024**

Received with thanks from Mrs./Mr. **Kushumlata Devi**

the sum of Rupees **Twelve Hundred Rupees Only** -

by Cash/✓Card/Paytm/Net Banking **1200/-** Dated **13/3/2024**

Description **Consultation fee (500/-) + OPG (700/-)**

All Disputes Subject to Lucknow Jurisdiction

**Dr. Abhinav Singh**  
B.D.S., M.D.S., (Conservative & Endodontics)  
Dental  
Received by  
First Floor-TVC-71, Shree Ganesh Tower  
Vibhuti Khand, Lucknow

Registration No. 002866

Mob. : 9450390888

# RECEIPT

# DENTAL CARE CLINIC

Shree Ganesh Tower, TVC - 71, First Floor  
In-front of Lohia Hospital OPD Gate, Vibhuti Khand, Lucknow-226010

Receipt Number 2024 / **1236**

Date : **3/04/2024**

Received with thanks from Mrs./Mr. **Kushumbhata Devi**

the sum of Rupees **Sixtythree Thousand Rupees only/-**

by Cash/Card/Paytm/Net Banking **63,080/-** Dated **3/04/2024**

Description **Ret 21,113 (7000/-) + Extraction<sup>(14)</sup> (1000/-) + Composite filling 17,18,22 (4500/-)**  
**+ fiber Post 11,21,13 (7500/-) + Surgery (5000/-) + Bridge 2,11,12,13,14,15,16,17, (38,000/-)**

All Disputes Subject to Lucknow Jurisdiction

Mob:- 9450390888  
**Dr. Abhinav Singh**  
B.D.S., M.D.S., (Conservative & Endodontics)  
Dental Care Clinic  
Received by  
First Floor-TVC-71, Shree Ganesh Tower  
Vibhuti Khand, Lucknow



# Dental Care Clinic

Clinic Nos: 0522-4009528  
8887922379  
8948590444  
9473871737

**Dr. Abhinav Singh**  
B.D.S M.D.S  
Conservative & Endodontics

**Dr. Priya Singh**  
B.D.S M.D.S  
Oral Medicine & Radiology

**Dr. Satya Prakash**  
B.D.S M.D.S  
Oral & maxillofacial surgery

**Dr. Saurabh Bhalla**  
B.D.S M.D.S  
Orthodontics

**Dr. Rita Gupta**  
B.D.S M.D.S  
Conservative & Endodontics

**Dr. Barkha**  
B.D.S M.D.S  
Prosthodontist

**Dr. Priyamvada Singh**  
B.D.S M.D.S  
Orthodontics

**Dr. Nadia**  
B.D.S M.D.S  
Pedodontics

**Dr. Arnika**  
Periodontics

Name Kushumlaty Devi Age/Sex 59/F Date 13/3/24

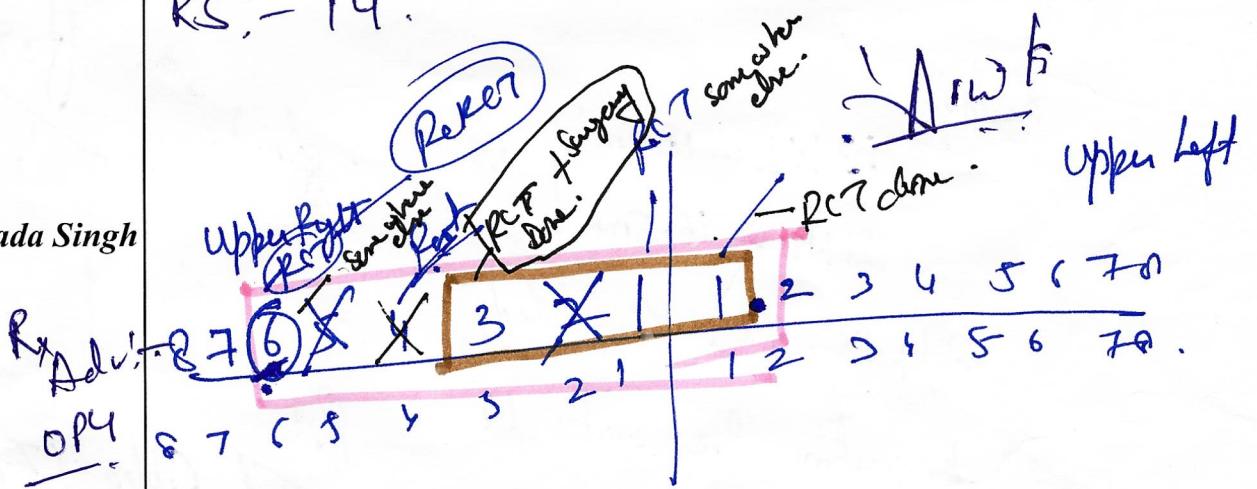
Medical History - B.P./Hypertension  Diabetes  Thyroid   
Allergy  Blood Thinner  Cardiac Condition

C/c: Patient clo dislodged prosthesis & missing teeth in upper and lower region of the jaw. Needs replacement for the same.

o/f:-

Prosthesis :- 13 - 21

Canons :- 22; 24; 17; 16; 34; 44  
RS :- 14.



RCT - 21; 13  
Perket - 16  
R-S - 14

Clinic Address

Shree Ganesh Tower TVC-71, 1st floor, In Front Of Lohia Hospital OPD Gate, Vibhuti Khand, Gomti Nagar Lucknow

15/3/24  
6 PM  
17/3/24  
2 PM

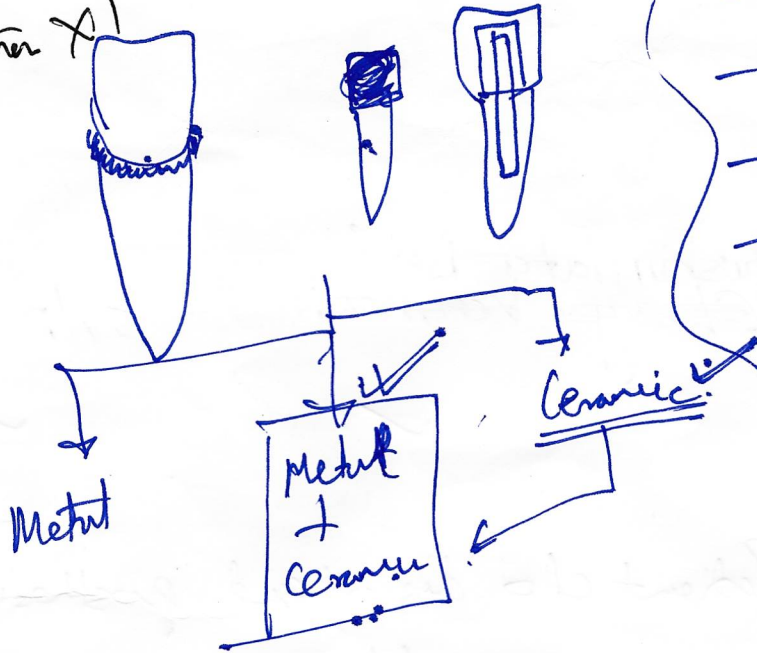
Timings 11:30 AM to 8:30 PM

Mondays - Closed

Book Appointments Online- [www.dentistinlucknow.com](http://www.dentistinlucknow.com)



Fillings X 2  
Extraction X 1



RCT X 2 → 3500 X 2 = 7000  
 Post X 3 → 2500 X 2 = 5000  
           3500 X 3 = 10500  
 PerPET = 8000  
 Bridge (+1) = 7500 X 7  
 Zirconia = 52500  
 70,000  
 DMLS - 5500 X 7  
 38,500

56,000/-

Advis:

Component Rctn done out 18; 22

And

Advis:

13 WL = 18mm } 40 - 6% prod.  
 21 WL = 16.5mm }

21; 13 - RCT Completed;

Extraction done out 14

And

R:  
 Tab Ciplox-TZ 100 } 3 days  
 Tab Zardol SP 100 }  
 Cap Revitol 100 } 7 days

Total

48000/-

2000/-

Bal - 26000/- Adv  
 46,000/-

(paid) 20,000 paid

8,500  
 1,500  
 38,000

14/3/24  
 Paid - 5000/-  
 (Card)  
 Peshwa  
 (Rs 2k adv)  
 15/03/24  
 Rs 5000/-  
 paid  
 (Card)  
 Dr. Priyansode



5.02

ISO 9001:2015 Certified

# Dental Care Clinic

Clinic Nos: 0522-4009528  
8887922379  
8948590444  
9473871737

Quality Redefined

**Dr. Abhinav Singh**  
B.D.S M.D.S  
Conservative & Endodontics

**Dr. Priya Singh**  
B.D.S M.D.S  
Oral Medicine & Radiology

**Dr. Satya Prakash**  
B.D.S M.D.S  
Oral & maxillofacial surgery

**Dr. Saurabh Bhalla**  
B.D.S M.D.S  
Orthodontics

**Dr. Akansha Pandey**  
B.D.S M.D.S  
Orthodontics

**Dr. Mohit**  
B.D.S M.D.S  
Prosthodontics

**Dr. Rita Gupta**  
B.D.S M.D.S  
Conservative & Endodontics

**Dr. Malika Agarwal**  
B.D.S M.D.S  
Pedodontics

Name Kushum Lata Devi Age/Sex 58/F Date 17/03/24

717  
→ Periapical exudation & cretting dr  
UL AIT 13  
→ PRF, suture placed.  
→ Postoperative gut given

Recall after 7 days for suture removal

23/3/2024 suture removal done st. 13

- Fiber Post given w/ 11; 21; 13 *Dr. Priyanka*
- Composite Rest done (By Dr. Neha) w/ 17
- CAD-CAM Impression taken. 21 to 17

*Dr.*  
Bridge Cementation done 21 to 17

Clinic Address

Shree Ganesh Tower TVC-71, 1st floor, In Front Of Lohia Hospital OPD Gate, Vibhuti Khand, Gomti Nagar Lucknow

Timings **3:00 PM to 11:00 PM**

**Mondays - Closed**

Book Appointments Online- [www.dentistinlucknow.com](http://www.dentistinlucknow.com)

- Fractured 31/1

By card 5000h.  
Satya  
17/03/24

Total = 67500/-  
Advance 35000  
Fill date 32500/-

30000/-

28000/-

~~post cemented - Filling done 7/~~

~~- post cemented & core buildup done~~

~~- crown reduction done 731/1~~

Rs

Tab Zerodol SP ITDS } 3 days.

And.

03/04/2024

Rs 28,000/-

paid  
(card)

Dr. Prityam