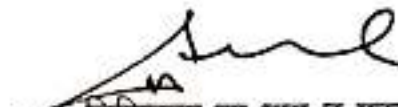


परिशिष्ट "इ"

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती..... Baby Omka
पुत्र/पति/पत्नी श्री..... Ayan Prakash Tiwari
आयु..... 7 वर्ष.....
..... Thall Major / MUD 12 MT
रोग से पीड़ित हैं। इनका उपचार R.C.I.R.C. (चिकित्सालय का नाम)
में मरीज की अपरिहार्य परिस्थिति/अव्यक्तता को देखते हुये दिनांक..... से शुरू किया गया।


DR. RAYAZ AHMED का नाम व मुहर
MD, DM Clinical Hematology (Vellore)
Consultant, Hemato-Oncology & BMT
R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
DMC Reg. No: 64992

*Self A-H-10/10/20
expended*

Certificate granted to Mrs./Mr./Miss Baby Amba Cr 205927
 Wife/Son/Daughter of Mr. Cyan Prakash Tusan
 Employed in the ADO Civil Court Faridabad U.P.

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. Narendra Hospital / Rayaz Ahmed / Disha Sharma

- (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 R.G.C.I. & R.C. 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.		
2.		
3.	<u>list enclosed</u>	<u>82,814/-</u>
4.		
5.		

- (c) That the injections administered were not for immunizing or prophylactic purposes.
- (d) That the patient is/was suffering from Tall myel / M.D. Transplant BMT and is/was under my treatment from 17/08/2019 to 21/08/19.
- (e) That the X-ray, Laboratory tests, etc. for which an expenditure of ₹ 82,814/- was incurred were necessary and were undertaken on my advice at R.G.C.I. & R.C. (Name of hospital or laboratory)
- (f) That I called in Dr. (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..... hospital and that the..... was incurred vide bills and receipts attached, and expenditure of ₹..... 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

DR. RAYAZ AHMED
 MD, DM Clinical Hematology (Vellore)
 Consultant, Hemato-Oncology & BMT
 R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
 BMT Reg. No: 6899

मध्य चिकित्सा अधिकारी
कलिंग 67840-11
मध्य चिकित्सा अधिकारी

Hospital
 Medical Superintendent [Signature]
 Place : Dr. Vikas Kumar Haryana
 Deputy Medical Superintendent
 Medical Administration
 R.G.C.I. & R.C., N.D.-85
 Date :

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.

Self Attached
expenditure


DETAL OF VOUCHERS/EXAMINATION CHART

Name of the hospital - *Dr Rajiv Gandhi Cancer Institute and Research Centre*

मरीज का नाम -

उपचार की अवधि - *17/8/2019 to 21/08/2019*

Si no	Voucher no	date	INSTITUTE/ CHEMIST'S NAME	AMOUNT	PAYABLE AMOUNT	NON PAYABLE AMOUNT
1	20090	21/8/2019	Rajiv Gandhi Cancer Institute and Research Centre	₹2814.00	67048.11	14965.89
2				/		
3						
4						
5						
6						
7						
8				₹2814.00	67048.11	14965.89
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						


 मुख्य चिकित्सा अधिकारी
 अग्रिम

Self Attached
- signed

**DISCHARGE
SUMMARY**



This is an important document, please
bring it for future reference / follow up

**Haematology-Oncology
& Bone Marrow Transplant Unit**

Performing close to 125 transplants of Indian Patients every year

DISCHARGE SUMMARY

SR. CONSULTANT

DR. DINESH BHURANI
MD., DM, FRCPA, DIRECTOR
Haemato-Oncologist & Hematologist
Bone Marrow Transplant Specialist

SR. CONSULTANT:

DR. RAYAZ AHMED
MD., DM
Haemato-Oncologist

SR. CONSULTANT

DR. NARENDRA AGRAWAL
MD., DM
Haemato-Oncologist

CONSULTANT

DR. VISHVDEEP KHUSHOO
MD, DM
Haemato-Oncologist

If it is not an emergency, OPD appointment is mandatory

DNB RESIDENT:

DR. KRISHNA
DNB (3RD YEAR)

DNB RESIDENT:

DR. ANUPAM
DNB (3RD YEAR)

DNB RESIDENT:

DR. BHARATI
DNB (2ND YEAR)

MEDICAL OFFICERS

DR. MEENA KAUSHIK
MBBS

CR. NO. 205927

Name: AMBA

IP NO. 338044

Sex: FEMALE

Age: 7yrs

Room No. 3356

Date of Admission: 17/08/19

Date of Discharge: 21/08/19

FINAL DIAGNOSIS:

1ST ADMISSION: β THALASSAEMIA MAJOR MUD PBSCT

POST ALLOGENIC STEM CELL TRANSPLANT ON 09/07/19

CURRENT ADMISSION: DIAHORREA

Co-Morbidity: HT: No, DM: No, Others: No

**WHEN YOU REACH RGCI PLEASE CONTACT SUNITA AT MEDICAL OPD
FRONT DESK (011-47022267) AND ALSO CONFIRM YOUR APPOINTMENT**

Dr. Dinesh Bhurani

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bring it for future reference / follow up

DIETARY INSTRUCTIONS

1. Hygienic, any home made cooked food allowed
2. Avoid raw vegetables, fruits. Thick skinned fruits like bananas and oranges allowed
3. No Salad
4. Packed fruit juices allowed
5. Packed/Filtered/Boiled water

भोजन के नियम

1. घर का बना स्वच्छ व पका हुआ कोई भी खाना खायें ।
2. कच्ची सब्जियाँ तथा फल न खायें । मोटे छिलके वाले फल जैसे केला तथा संतरा ही खायें ।
3. कच्ची सलाद न खायें ।
4. बंद डिब्बे वाले फलों के रस ही पीयें ।
5. बंद, उबला हुआ और छना हुआ शुद्ध जल ही पीयें ।

*Dr. Rajiv Gandhi
Cancer Institute*



**This is an important document, please
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CR. NO. 205927

Name: AMBA

Brief Summary of the Case

History: She is a known case of thalassemia major on regular transfusion since the age of 1.5 month. Her transfusion frequency is every 2 weeks and pre-transfusion hemoglobin was maintained at 9-10 gm/dl. She is on chelation therapy since the age of 1.5 years and currently on Tab Defrijet 750 mg and 1000 mg alternate once a day. Her last serum ferritin done on 25/05/19 is 1470 ng/ml. She is planned for matched unrelated hematopoietic stem cell transplant with DATRI(India) donor.

On Examination. PS I, afebrile, vitals: stable
CNS: NAD
Chest: NAD
CVS: NAD
P/A: Liver: not palpable, Spleen: not palpable

INVESTIGATIONS:

Haematological parameters

Date	HB (gm%)	TLC (/cumm)	PLATELET (/cumm)	DLC			
				EOSI	POLYMPH	LYMPO	MONO
10/06/19							
AT ADMISSION	10	8060	442000	1	61	28	8
At current admission (17/08/19)	11.1	8330	103000	0.4	58.8	25.2	15.2

Biochemical Parameters

Liver Function Test

Date (10/06/19)	At Admission
D.Bilirubin (mg/dl)	0.4
T.Bilirubin (mg/dl)	1.3
SGPT (U/L)	20
SGOT (U/L)	30
Alk. Phos. (U/L)	412
T. Protein (gm/dl)	6.8
Albumin (gm/dl)	4.3
Globulin (gm/dl)	2.5
Gamma GT (U/L)	11

Self Discharge expected

**Dr. Rajiv Gandhi Cancer Institute
and Research Centre**

A Unit of Indian Cancer Society
Registered under "Societies Registration Act 1860"
Sector-V, Rohini, Delhi - 110 085
Tel: 47022222 (30 Lines), 27051011 - 1015, Fax: 91-11-27051037

**DISCHARGE
SUMMARY**


This is an important document, please
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CR. NO. 205927

Name: AMBA

Special Investigations

Urine culture (04/07/19)	E.Coli
HRCT Chest (11/07/19)	Bilateral lower lobe atelectatic changes - maybe inflammatory.
*Quantitative PCR for CMV (16/07/19)	<1.83 log copies/mL (<68.75 copies/mL)
*Quantitative PCR for CMV (19/07/19)	2.1 log copies/mL (155 copies/mL)
*Qualitative PCR for CMV (20/08/19)	Target not detected

Allogenic Peripheral blood stem cell infusion was done on 02/07/19 after giving conditioning regimen with Inj Fludarabine/Inj Rabbit ATG/Busulfan/Cyclophosphamide regimen based regimen started from Day-17 (15/06/19). The total dose of CD34 stem cells was 5×10^6 /kg. Stem cell culture was sterile.

After that she was on OPD follow up and was on Inj Gancyclovir and Cyclosporine. CMV-PCR (13/08/19) was negative.

Current admission on 17/08/19: Patient was admitted on Day+46 post Allogenic stem cell transplant with c/o loose motion. She was managed with IV fluid, Tab Flagyl, Tab Nizonide along with other supportive care. After stabilization she is being discharged.

Treatment Given in the Hospital:

Supportive care

Advice on Discharge**MEDICATIONS:**

1. Tab Forcan 100mg once a day
2. Syp Cyclosporine 90mg twice a day
3. Tab Flagyl 200mg thrice a day x 2 days
4. Tab Pentids 200mg twice a day
5. Tab Udiliv 150mg twice a day
6. Tab Rantac 150mg twice a day
7. Tab Bactrim DS 1 once a day alternate day (Tue-Thur-Sat) to continue
8. Tab Folvite 5mg once a day
9. Cap Budez 3mg twice a day
10. Syp Calcimax 5ml once a day
11. Syp Ondem 2.5mg twice a day
12. Syp Acivir 2.5ml thrice a day
13. Calcirol sachet 6,000 units once a week x 10 weeks
14. Tab Tramazac 50mg SOS
15. Syp Duphalac 30ml SOS (in case of constipation if not relieved then seek medical attention)

Page 4 of 6

Self Mediated
- expedited



**This is an important document, please
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CR. NO. 205927


Name: AMBA

FOLLOW-UP:

1. To come on 23/08/19 with following blood tests-CBC, S. Creatinine, S.K⁺, SGPT, S. Bilirubin (T & D), RBS, Ionized Calcium, Mg⁺, Cyclosporine level (Blood test form to be collected from ward nurse) in Hematology Deptt. (In case of any change for appointment please contact Sunita on phone no. 011-47022267 from 9:00 a.m. to 5:00 p.m.)

DR. RAYAZ AHMED
MD., DM
Hemato- Oncology

DR. VISHVDEEP KHUSHOO
MD, DM
Hemato- Oncology


DR. NARENDRA AGRAWAL
MD., DM
Hemato- Oncology

DR. FARAN NAIM
MD, DNB
HEMATO-ONCOLOGY

DR. DINESH BEURANI
MD., DM, FRCPA
Hemato-Oncologist

DR. KRISHNA

TYPED BY
RAJNI ARORA

1. In case of emergency (fever, loose motion, bleeding from any site and any untoward symptoms) you can contact on 011-47022400 (not for official enquiry)
2. To take or change the appointment call on 011-47022070

*Self Attention
expected*

**Rajiv Gandhi Cancer Institute
and Research Centre**

Director of Anti-Cancer Therapy
Registered under Societies Registration Act 1860
Sector V, Huda Road - 110 005
Tel. : 47622227 (30 Lines), 27051011 - 1015, Fax : 01-11-27051037

**DISCHARGE
SUMMARY**



**This is an important document, please
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GENERAL INSTRUCTIONS

1. **For Pain:** Tab Tramazac 50mg SOS/Tab Ultracet SOS/Tab Dolo SOS
2. **For Vomiting:** Inj/Tab Perinorm 10mg IV/oral SOS/Tab Emeset 8mg
3. **For Acidity:** Syp Mucaine gel 10ml whenever is required (upto 3 times a day)
4. **For Constipation:** Isabgol 4 heaped (full) tablespoons at bedtime in a glassful of water SOS

or

5. **For Constipation:** Syp Duphac 30ml HS SOS
6. **To get PICC line dressing every 7th day and come to casualty if pain, swelling and oozing from PICC line site**
7. **In case of fever, loose motion contact us immediately & come to casualty or consult local physician for treatment under our guidance**

*Self Administered
as per doctor's
instructions*



**Rajiv Gandhi Cancer Institute
and Research Centre**

Accredited by :



Centre

D - 10, Sector - 5, Rohini, Delhi - 110085 | Tel: +91-11-41022201 | GSTIN: 07AAAT0440C1ZD | Email: info@rajivcancer.org | Website: www.rajivcancer.org

		Final Bill Summary(Original)	
PAN No	AAAT0440C	GSTIN	07AAAT0440C1ZD
Date & Time	21-08-2019 16:47	Bill No	IP/19-20/20090
LOCATION	Place of supply: Delhi RGCI		
State Code	07		
Name	BABYAMBA	CR No. / IP No	205927_19/IP338044
Father/Spouse Name	SH. GYAN PRAKASH TIWARI	Admission Date	17-08-2019 15:35
Temporary Address	H NO. A-5 JUDGES COMPLEX RIVER BANK COLONY NEAR RESIDENCY LUCKNOW	Discharge Date	21-08-2019 16:47
Permanent Address	H NO. A-5 JUDGES COMPLEX RIVER BANK COLONY NEAR RESIDENCY LUCKNOW	Ward	DELUX
Age & Sex	7 Years Female	Pan No	AFWPT2401H
Admitting Doctor	Dr. Dinesh Bhurani/Rayaz Ahmad/Narendra	Bed No	3356-DLX
Corporate Source	RGCI PRIVATE	Treating Doctor	DR. DINESH BHURANI/RAYAZ AHMAD/NARENDRA
		Next of Kin	Gyan Prakash Tiwari(Father)
		Company GSTIN	

SL No.	DESCRIPTION	AMOUNT
1	ROOM RENT	
	Description Bed No Per Day Charge Stay Amount	
	17-08-2019 03:35 Pm To 21-08-2019 04:47 Pm	
	DELUX 3356-DLX 11000.00 4 5Day(s) 49500.00	
	Room Rent	49500.00
2	Consultants Visits	12500.00
	Dr. Dinesh Bhurani/Rayaz Ahmad/Narendra	1800.00
	Dr. Rajiv Goyal	1440.00
	Sub Total	500.00
3	ADMISSION CHARGE	2025.00
4	BIOCHEMISTRY	130.00
5	CLINICAL PATHOLOGY	475.00
6	HAEMATOLOGY	350.00
7	MICROBIOLOGY	2310.00
8	ELISA BASED TEST - SPECIAL	520.00
9	X - RAY	3000.00
10	MOLECULAR DIAGNOSTIC	8903.73
11	Pharmacy	18913.73
	Sub Total	(Gross 10414.79 - Discount 1511.15)

Advance Receipts		
R/19-20/102841	Advance 17-08-2019	6000.00
R/19-20/167498	Advance 21-08-2019	22814.00
	Total Advance Amount	62814.00
		0.00
	CGST/SGST/GST (Exempted service)	62813.73
	Total Bill Amount	62814.00
	Less Advance Paid	
	In Words: Zero Rupees	

For HSN/SAC code please refer to Detail bill of supply

Patient/Attendant Signature & Name
Relation with Patient

Phone No
Printed By SHANIM_8095

Created By SHANIM_8095
Subject to Delhi Jurisdiction only

FOR RAJIV GANDHI CANCER INSTITUTE
Printed Date & Time: 21-08-2019 04:48 pm

*Self Attended
Expended*





Rajiv Gandhi Cancer Institute and Research Centre

Accredited by:



Center

D-10, Sector-5, Rohini, Delhi-110085 | Tel: +91-11-4987 2222 | GSTIN: AAAT10440C12D | Email: Dr.rgh@rajiv.org | Website: www.rajiv.org

ISO No. : FM/SC/09-04-03

Bill of Supply Detail		GSTIN	
RAN No	AAAT10440C	07AAAT10440C12D	
LOCATION	Place of supply- Delhi, RDCI		
State Code	07		
Bill No	IPY19-2020000	Date	21-08-2019
		CR No.	205927
		I.P. No.	19IP138044
Name	BABY ANGA	Age/Sex	7 Years/Female
Father/Spouse Name	SH. GYAN PRAKASH TIWARI	Admitting Doctor	DR. DINESH BHURANIRAYAZ AHMADNARENDRA
Company	PRIVATE (CASH)	Treating Doctor	DR. DINESH BHURANIRAYAZ AHMADNARENDRA
Present Address	H.NO. A-5 JUDGES COMPLEX RIVER BANK COLONY NEAR RESIDENCY LUCKNOW	Permanent Address	
PAN No	AFWPT2401H	Company GSTIN	
Admission	17-08-2019 15:35	Bed Category	DELUX
Discharged	21-08-2019 16:47		DELUX
		Bed No	3356-CLX
			3356-CLX

1. ROOM RENT

Description	Bed No	Per Day Charge	Stay	Amount
17-08-2019 03:35 PM TO 21-08-2019 04:47 PM	3356-CLX	11000.00	4 DAY(S)	48000.00
ROOM RENT (HSN/SAC - 999311)				48000.00

2. CONSULTANT VISITS

Date	Req No	Particulars	Unit	Amount
17-08-2019	C/19-20/222719	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
18-08-2019	C/19-20/218340	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
19-08-2019	C/19-20/218383	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
19-08-2019	C/19-20/218340	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
19-08-2019	C/19-20/222719	DR. RAJIV GOYAL	1	1800.00
20-08-2019	C/19-20/220791	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
20-08-2019	C/19-20/220061	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
21-08-2019	C/19-20/222719	DR. DINESH BHURANIRAYAZ AHMADNARENDRA	1	1800.00
CONSULTANT VISITS (HSN/SAC - 999312)				14400.00

3. ADMISSION CHARGE

Date	Req No	Particulars	Unit	Amount
17-08-2019	C/19-20/218098	ADMISSION FEE	1	300.00
ADMISSION CHARGE (HSN/SAC-999316)				300.00

4. X - RAY

Date	Req No	Particulars	Unit	Amount
19-08-2019	C/19-20/218422	CHEST PA (CR) C-300 (DR. A.K.CHATURVEDI & S.A. RAO)	1	520.00
X - RAY (HSN/SAC-999318)				520.00

5. BIOCHEMISTRY

Date	Req No	Particulars	Unit	Amount
20-08-2019	C/19-20/219462	SERUM MAGNESIUM (DR. ANURAG MEHTA)	1	570.00
20-08-2019	C/19-20/219462	KIDNEY FUNCTION TEST (INCLD. SOD POTASSIUM)-C/174 (DR. ANURAG MEHTA)	1	1150.00
20-08-2019	C/19-20/219462	SERUM TOTAL BILIRUBIN (DPD) (DR. ANURAG MEHTA)	1	175.00
20-08-2019	C/19-20/219462	SERUM DIRECT BILIRUBIN (DPD) (DR. ANURAG MEHTA)	1	165.00
20-08-2019	C/19-20/219462	SGPT (IFCC WITH PP) AT 37 C)-C/154 (DR. ANURAG MEHTA)	1	230.00
BIOCHEMISTRY (HSN/SAC-999316)				2325.00



*Self Attended
expected*

21-08-2019 04:48 PM

User Id: Shammi_8085

Date	Req No	Particulars	Unit	Amount
18-08-2019	C/19-20/216893	ROUTINE STOOL EXAMINATION-C/59 [DR. ANURAG MEHTA]	1	130.00
CLINICAL PATHOLOGY (HSNSAC--999316)				130.00

Date	Req No	Particulars	Unit	Amount
20-08-2019	C/19-20/219462	CBC (HEMOGRAM COMPLETE)-C/71 (WHOLE BLOOD EDTA) [DR. ANURAG MEHTA]	1	475.00
HAEMATOLOGY (HSNSAC--999316)				475.00

Date	Req No	Particulars	Unit	Amount
18-08-2019	C/19-20/216893	STAIN FOR CRYPTOSPORIDIUM [DR. ANURAG MEHTA]	1	350.00
MICROBIOLOGY (HSNSAC--999316)				350.00

Date	Req No	Particulars	Unit	Amount
20-08-2019	C/19-20/219462	PLASMA CYCLOSPORINE BY IMMUNOASSAY [DR. ANURAG MEHTA]	1	2310.00
ELISA BASED TEST - SPECIAL (HSNSAC--999316)				2310.00

Date	Req No	Particulars	Unit	Amount
20-08-2019	C/19-20/219462	QUALITATIVE PCR FOR CMV [DR. ANURAG MEHTA]	1	3600.00
MOLECULAR DIAGNOSTIC (HSNSAC--999316)				3600.00

Date	Req No	Particulars	Batch NO	Expiry Date	Qty	Return Qty	Net Qty	MRP	Amount	Discount	Net Amount
17-08-2019	PIR/19-20/154844	B BRAUN OMNIVAN DUO SYR 210X1.5 10ML - PURE AGENT	19F07M8201	2024-05-31	5.0	0	5.0	22.0	110.00	55.00	55.00
17-08-2019	PIR/19-20/154844	BD O-SYTE PRODUCT NO 365163 - PURE AGENT	5183748	2021-06-30	1.0	0	1.0	356.0	356.00	74.76	281.24
17-08-2019	PIR/19-20/154844	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	1.0	0	1.0	42.0	42.00	4.20	37.80
17-08-2019	PIR/19-20/154844	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	4.0	0	4.0	42.0	168.00	16.80	151.20
17-08-2019	PIR/19-20/154844	ZOVIRAX SUSP 100ML - PURE AGENT	RE175	2020-06-30	1.0	0	1.0	133.22	133.22	13.32	119.90
17-08-2019	PIR/19-20/154844	METROGYL 200MG TAB 15'S - PURE AGENT	AM29035	2022-04-30	4.0	0	4.0	0.45	1.80	0.18	1.61
17-08-2019	PIR/19-20/154844	ONDEM MD 4MG TAB 10 S - PURE AGENT	19441256	2021-05-31	4.0	0	4.0	5.14	20.56	2.05	18.49
17-08-2019	PIR/19-20/154844	MZONIDE 500MG TAB 6'S - PURE AGENT	ND19J003A	2022-03-31	6.0	0	6.0	13.59	81.54	17.12	64.42
17-08-2019	PIR/19-20/154844	FORCAN 50MG TAB 4 S - PURE AGENT	SA83783	2021-07-30	8.0	0	8.0	10.59	84.72	8.47	76.23
17-08-2019	PIR/19-20/154844	CO-TRIMOXAZOLE DS TAB CADILA 10'S - PURE AGENT	JK19537	2023-02-28	5.0	0	5.0	1.42	7.10	0.00	7.11
17-08-2019	PIR/19-20/154844	PENTIDS 400MG TAB 10'S - PURE AGENT	VD0513	2020-04-30	10.0	0	10.0	1.5	15.00	0.00	15.03
17-08-2019	PIR/19-20/154844	LDILIV 150MG 15'S - PURE AGENT	UDA9001	2021-02-28	15.0	0	15.0	19.83	297.45	62.46	235.04
17-08-2019	PIR/19-20/154844	RANTAC 150MG TAB 30'S - PURE AGENT	DR39045	2021-02-28	10.0	0	10.0	0.77	7.70	0.77	6.95
17-08-2019	PIR/19-20/154844	MAGNORATE 500MG TAB 30'S - PURE AGENT	MAT-19040	2021-02-28	1.0	0	1.0	1255.0	1255.00	263.55	991.45
17-08-2019	PIR/19-20/154844	CALCIMAX PLUS SYP 200ML - PURE AGENT	09887808	2020-11-30	1.0	0	1.0	119.0	119.00	0.00	119.00
17-08-2019	PIR/19-20/154844	FOLVITE TAB 45'S - PURE AGENT	AT5034	2020-09-30	5.0	0	5.0	1.5	7.50	0.75	6.75
19-08-2019	PIR/19-20/156043	FLAGYL 400MG TAB 15'S - PURE AGENT	FLA8077	2021-08-31	5.0	0	5.0	0.9	4.50	0.45	4.03
19-08-2019	PIR/19-20/156071	OPSITE 10CM X 12CM (I) V - 3000 FILM DRESSING WITH NON ADHERENT PAD (SMITHLINE/PHEW) - PURE AGENT	201831	2021-07-30	1.0	0	1.0	148.5	148.50	74.25	74.25
19-08-2019	PIR/19-20/156071	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	2.0	0	2.0	42.0	84.00	8.40	75.60
19-08-2019	PIR/19-20/156071	SURGICARE GLOVES NO 7 - PURE AGENT	18K3010M	2023-10-31	1.0	0	1.0	65.0	65.00	32.50	32.50
19-08-2019	PIR/19-20/156071	POLYMED PIC LINE CAP 13447 - PURE AGENT	1043319E	2024-04-30	1.0	0	1.0	130.0	130.00	27.30	102.70

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Date	Ref No	Description	Code	Qty	Rate	Amount	Net	Disc	Net	Net	Net
19-08-2019	PIR/19-20/156071	PRIMAPORE DRESSING PAD 15X9CM - PURE AGENT	1741B	2022-10-31	2.0	0	2.0	50.75	101.50	38.12	143.39
19-08-2019	PIR/19-20/156102	SURGICARE GLOVES NO 7 - PURE AGENT	18K3010M	2022-10-31	1.0	0	1.0	65.0	65.00	32.50	32.50
19-08-2019	PIR/19-20/156238	ECCFLAC NS 0.9PCT INJ 500ML - PURE AGENT	B19F094E	2022-06-31	2.0	2.0	0.0	77.42	0.00	0.00	0.00
19-08-2019	PIR/19-20/156238	MAGNESIUM 25PCT INJ - PURE AGENT	MG-59	2020-12-31	2.0	2.0	0.0	7.0	0.00	0.00	0.00
19-08-2019	PIR/19-20/156259	B BRAIN OMNIVAN DUO SYR 21GX1.5 10ML - PURE AGENT	19F07M8201	2024-05-31	5.0	0	5.0	22.0	110.00	55.00	55.00
19-08-2019	PIR/19-20/156259	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	5.0	0	5.0	42.0	210.00	21.00	189.00
19-08-2019	PIR/19-20/156259	VOLUMAT LINE INFUSION SET VL 5100 (PK) - PURE AGENT	32234168	2021-05-31	1.0	0	1.0	461.0	461.00	171.85	319.15
19-08-2019	PIR/19-20/156259	LDLIV 150MG 1/5 - PURE AGENT	LD09001	2021-02-28	2.0	0	2.0	15.63	31.26	6.33	24.93
19-08-2019	PIR/19-20/156259	SANDIMULIN NEORAL 100MG/50ML SYR - PURE AGENT	ADP615261	2021-09-30	1.0	0	1.0	4555.85	4555.85	0.00	4555.85
19-08-2019	PIR/19-20/156259	EMESET SYR 30 ML - PURE AGENT	A090311	2021-05-31	1.0	0	1.0	35.63	35.63	0.60	35.03
19-08-2019	PIR/19-20/156259	FLAGYL 400MG TAB 1/5 - PURE AGENT	FLA0077	2021-08-31	3.0	0	3.0	0.0	2.70	0.27	2.43
19-08-2019	PIR/19-20/156260	ECCFLAC NS 0.9PCT INJ 100ML - PURE AGENT	B18D036E	2022-09-31	2.0	0	2.0	35.52	71.04	7.10	63.94
19-08-2019	PIR/19-20/156260	MAGNESIUM 25PCT INJ - PURE AGENT	MG-59	2020-12-31	2.0	0	2.0	7.0	14.00	2.84	11.16
19-08-2019	PIR/19-20/156813	SURGICARE GLOVES NO 7 - PURE AGENT	18K3010M	2022-10-31	11.0	0	11.0	65.0	715.00	357.50	357.50
19-08-2019	PIR/19-20/156941	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	5.0	0	5.0	42.0	210.00	21.00	189.00
19-08-2019	PIR/19-20/156941	B BRAIN OMNIVAN DUO SYR 21GX1.5 10ML - PURE AGENT	19F07M8201	2024-05-31	3.0	0	3.0	22.0	66.00	33.00	33.00
20-08-2019	PIR/19-20/157676	B BRAIN OMNIVAN DUO SYR 21GX1.5 10ML - PURE AGENT	19F07M8201	2024-05-31	5.0	0	5.0	22.0	110.00	55.00	55.00
20-08-2019	PIR/19-20/157676	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	4.0	0	4.0	42.0	168.00	16.50	151.50
20-08-2019	PIR/19-20/157676	POSI FLUSH 10 ML (B D) - PURE AGENT	9017940	2021-12-31	1.0	0	1.0	42.0	42.00	4.20	37.80
20-08-2019	PIR/19-20/157676	NIZONICE 500MG TAB 6'S - PURE AGENT	ND19J030A	2022-03-31	1.0	0	1.0	13.50	13.50	2.85	10.65
21-08-2019	PIR/19-20/158958	B BRAIN OMNIVAN DUO SYR 21GX1.5 10ML - PURE AGENT	19F07M8201	2024-05-31	1.0	0	1.0	22.0	22.00	11.00	11.00
21-08-2019	PIR/19-20/158958	STERIPORT NS 0.9PCT 100ML - PURE AGENT	40690383	2022-04-30	1.0	0	1.0	37.03	37.03	3.70	33.33
21-08-2019	PIR/19-20/158958	MAGNESIUM 25PCT INJ - PURE AGENT	MG-59	2020-12-31	2.0	0	2.0	7.0	14.00	2.84	11.16

PHARMACY 8903.73

Patient Amt	32814.00	CGST/SGST/IGST (Exempted service)	0.00
		Total Bill Amount	62000.00
		Advance Received	82814.00

In Words: Zero Rupees

Receipt No.	Date	Deposit/Refund Detail	Remarks	Amount
R/19-20/162541	2019-08-17	Advance		62000.00
R/19-20/167498	2019-08-21	Advance		22814.00

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Handwritten notes and calculations:

50965 = 50

37890 ← 14965.09

67848.11

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