





# KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864  
325 Beds Super Speciality (NABH & NABL ACCREDITED)  
H-33, SECTOR - 27, NOIDA - 201301  
Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn. Fax: 0120 - 2 53 33 33

220

## LABORATORY RECEIPT

UHID : 2494657      DATE : 04/12/2018 (11:45)      BILL NO - LAB/N/18/273559

Receipt Dt	Receipt No	Payment Type	Cash	Tend	Chadna	Returned	Amount
04/Dec/2018	SV/18NL/37822	By Cash	4500			20	4,480.00
Total Received :							4,480.00
Net Receivable :							0.00

Remarks: 15% Discount Against PRIVILEGE CARD  
 04/12/18 11:45 For Kailash Hospital & Heart Institute  
 Note :-You can also collect your reports(except Outsource) from our web site.  
 User Name: 12781672 Password: 29653201  
 :-This Bill is valid for 3 days only.  
 :-Refund, if any, will be made against surrender of original receipt only.

LOKESH KUMAR

  
 Dr. (Ms.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

Printed by Naina Printer 9810434607, 9711267588



# KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864  
325 Beds Super Speciality (NABH & NABL ACCREDITED)  
H-33, SECTOR - 27, NOIDA - 201301  
Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn. Fax: 0120 - 2 53 33 33

(221)

## BILL LABORATORY

UHID : 2494657 DATE 04/12/2018 (11:28) BILL NO - LAB/N/18/273542

Remarks: 15% Discount Against PRIVILEGE CARD (PT ADD TEST )

3-4

04/12/18 11:28 For Kailash Hospital & Heart Institute

LOKESH KUMAR

Note :-You can also collect your reports(except Outsource) from our web site.

User Name: 12781695 Password: 29652952

:-This Bill is valid for 3 days only.

:-Refund, if any, will be made against surrender of original receipt only.

Printed by Naina Printer 9810434607, 9711267588







# KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864  
325 Beds Super Speciality (NABH & NABL ACCREDITED)  
H-33, SECTOR - 27, NOIDA - 201301  
Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn. Fax: 0120 - 2 53 33 33

222  
3

## BILL Specialist OPD-I

UHID: 2494657 Dated: 10/12/18, 13:50 Bill No.: OPD/N/18/360318  
NAME: GYANTI PANDEY AGE: 60-2 SEX: Female  
ADDRESS: C-69, SECTOR-23 NOIDA, NOIDA Tel No.: 9315007796

	Rate	Amount
CONSULTANT SPECIALIST Dr. S.K. BEHURA (NEPHROLOGIST-Super Specialist)	UPD Consultation Fee 850	850.00

Net Amount: 850.00  
Discount: 130.00

GSTIN: 09AABCK8840N1ZY

SAC-999312 Payable Amount: 720.00

### RECEIPT

Receipt Dt	Receipt No.	Receipt Ty	Cash	Tende	Change	Return	Net Amount
10/12/18	CV/18ND/10311		1000		280		720.00
<b>Total Receipt :</b>							<b>720.00</b>
<b>Net Receivable:</b>							<b>0.00</b>

Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.

Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

Remarks:

10/12/18 13:50

10% Discount Against PRIVILEGE CARD  
For

Kailash Hospital & Heart Institute

NITU SINGH

\* Valid till 14-Dec-2018

Note: Refund, if any, will be made against original receipt only.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096 E-mail : kailash.noida@kailashhospital.com Website : www.kailashhealthcare.com





**KAILASH HOSPITAL & HEART INSTITUTE**  
 (A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864  
 325 Beds Super Speciality (NABH & NABL ACCREDITED)  
 H-33, SECTOR - 27, NOIDA - 201301  
 Phone : 0120 - 2 44 44 44, 2 46 66 66 + 2166 Extn. Fax: 0120 - 2 53 33 33  
**DIAGNOSTICS**

223

UHID: 2494657 DATED 10/12/2018 (19:03) BILL NO :. DIAG/N/18/124862  
 NAME: GYANTI PANDEY SEX: : Female AGE: : 60-2  
 ADDRESS: C-69, SECTOR-23 NOIDA, NOIDA TELEPHONE NO.: 9315007796  
 Req No.: 10505612 REFERRED BY: Dr.S.K. BEHURA

Sr No.	Investigation Charges	Amount
1	ULTRASOUND KUB (FEMALE)	1,380.00
Bill Amount		1,380.00
Discount		205.00
Amount Payable		1,175.00

GSTIN:09AABCK8840N1ZY SAC-999316

**RECEIPT**

Receipt Dt	Receipt No	Payment Type	Cash Tender	Change Returned	Amount
10-12-2018	CV/18ND/28219	By Cash	1200	25	1175.00
Total AMT. Received					1,175.00
Net Recivable					0.00

*[Signature]* AP  
 DR (MS) BAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer

Remarks: 15% Discount Against PRIVILEGE CARD  
 10/12/18 Kailash Hospital & Heart Institute, Noida  
 CHANDRA BUDHANI

Note :-This Bill is valid for 3 days only.  
 :-Refund, if any, will be made against surrender of original receipt only.

Printed by Naina Printer 9810434607, 9711267588



GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : 2/20/GBN/2008  
 D.L. No. : 2/21/GBN/2008

# AAROGYA MEDICOS

(A UNIT OF UMA MEDICARE LTD.)  
 H-33, KAILASH HOSPITAL, SECTOR-27, NOIDA-201301 (U.P.)

Ph. : 0120 - 2444381  
 0120 - 2444444  
 0120 - 2466666  
 Extn. 542, 543  
 544, 617  
 194

224

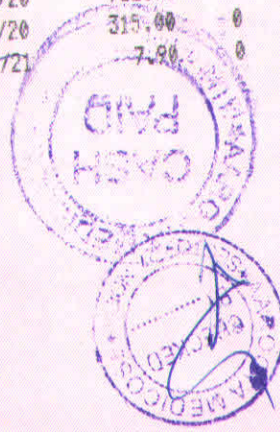
Invoice No.: CAIN18/304874  
 Place of Supply: U.P (09)  
 Patient Name: GYANTI PANDEY  
 Address:

Date: 10-12-2018  
 Phone No.:  
 Card No.:  
 Consultant: Dr. S.K. REMURA

Time: 07:59 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
7	1x10	RANTAC OD 300MG TAB	9033	PRT8032	07/20	38.08	0	34	6%=2.04	6%=2.04	0%=0
21	1x20	KETOSTERIL TAB	9099	18R0521	12/20	732.90	0	698	2.5%=17.45	2.5%=17.45	0%=0
6	1x4	CEFTUM 250MG TAB	2019	MA224	05/20	315.00	0	281.25	6%=16.88	6%=16.88	0%=0
15	1x15	LASIX 40MG TAB	9079	BNA0054	07/21	7.20	0	7.05	6%=0.42	6%=0.42	0%=0

Printed by Naina Printer 9810434607, 711267588



Dr. (M.) GAGAN GROVER  
 MBBS, DHA  
 Medical Officer

Items	4	Amount	1093.00	Disc.	0.00	(+/-)	-0.88	Net Amt.	1093.00
-------	---	--------	---------	-------	------	-------	-------	----------	---------

Rupees One Thousand Ninety Three Only.

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Delhi jurisdiction.  
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For AAROGYA MEDICOS

CIN: U85110DL1998PLC092382











(Return Policy) Return With in 7 Days only. GST INVOICE

# LIFE PHARMACY

Shop No. -4, A-Block, Sector 23, Noida (UP)  
Mob. ☎ 9999787846, 9999103046

- GST IN.
- D.L. NO. : UP16210000127

Invoice No. \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Add. 258  
 Mob. GYANTI PANDAY 20/12/2018  
 Dr. : 228

QTY. PKG. DESCRIPTION BATCH NO. EXP. MRP DIS.% AMOUNT

QTY.	PKG.	DESCRIPTION	BATCH NO.	EXP.	MRP	DIS.%	AMOUNT
30	30TAB	MINIPRESSXL 2.5MG 30TAB	820-04410V	09/20	377.52	12.0	377.52
4	4TAB	CEFTUN 250MG TAB	HA219	03/20	191.25	12.0	191.25
15	15 TAB	ACUTROL C400MG	KX1803	06/21	162.00	12.0	162.00



Shiv Sankti # 967-080

57.17 x 12 % = 68.92  
 Six Hundred Forty Three Only

**Dr. GAGAN GROVER**  
 Medical Officer M.B.B.S., D.H.A.  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute

Gross = 730.77  
 Discount = 87.69  
 Net = 643.08

◆ All discounts subject to G.B. Nagar Jurisdiction only.  
 ◆ Cutting & losse strip will not be taken back (with our batch & expiry)  
 ◆ Please consult Dr. Before using the medicines.

For **LIFE PHARMACY**  
 Authorised Signatory

(Return Policy) Return With: in 7 Days only. GST INVOICE





# KAILASH HOSPITAL & HEART INSTITUTE

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H - 33, SECTOR - 27, NOIDA - 201301

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096

Ph.: 0120-2 44 44 44, 2 46 66 66 & 2466+Extn Helpline: 9871662662 Fax: 0120-2 53 33 33

E-mail : kailash.noida@kailashhospital.com Website : www.kailashhospital.com

16701

229

## DIABETIC AND RENAL DIET

### FOODS TO BE AVOIDED

1. Table salt and all salted food items including pickles, papad, and chutneys etc.
2. Raw vegetables, salads.
3. Vegetables like palak, methi, brinjal, tomato, lemon, root vegetables like potato, arbi, yam, sweetpotato, beetroots, lotus stem.
4. Tender coconut water and chutneys.
5. Malted beverages like boost, bournvita, proteinex.
6. Cocoa and cocoa products like coffee.
- X 7. Fruits like mango, banana, grapes, chikoo, lichi, bael, sweetlime, and muskmelon. orange
8. Fried foods cream, ghee, coconut oil, yellow butter, nuts and oil seeds.
9. Sugar, glucose, honey, jam, jellies, chocolates.
10. Tinned, canned, preserved and processed foods like sauces, jams, cheese.
11. Meats, beef, pork, egg yolk, seafoods, organmeats.
12. Chole, Rajma and Chilka dals to be avoided.

### FOODS ALLOWED

1. Fruits like apple, papaya, ~~oranges~~, pears, guava, pineapple can be taken up to 100-175 grams per day.
2. Milk and its products up to 400ml
3. Lean meats, eggwhites, chicken up to 75grams in a week.  
Cooked vegetables, vegetables like tinda, torai, lauki, parwal, karela etc.  
Paneer and soyabean can be taken in limited amounts.

AG



# UJALA EYE CARE CENTRE OPTICALS & CONTACT LENS CLINIC

Purani Tehsil Road, Near Paddam Ki Pulia, KHURJA  
Cell. : 9045666636

**HEMENDRA KR. SINGH**

Consultant Optometris & Cotact Lens Specialist

D.R. Opt. (Gandhi Eye Hospital, Aligarh)

B.Optom. (Bharti Vidyapeeth, Pune)

C.C.L.P. (Gandhi Eye Hospital, Aligarh)

## Facilities

- Computerised Eye testing with Ophthalmic chair unit.
- Testing of Cataract
- Testing of Glaucoma
- Testing of Squint
- All types of Contact Lenses
- Exercise of Eye Muscles
- Imported Frames & Goggles
- English white, Photo Chromic, CR39 Lenses & ARC Lenses
- Bifocal, Multifocal Lenses & Contact Lenses

Mm. Gyanti Devi

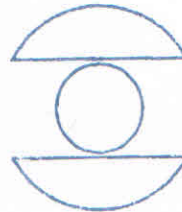
Date 24.12.18

Co - BLIP of U

Age - 60/F

R.E.

L.E.



- R.E. = +1.25 DS

| L.E. = +1.00 X 180

Add +3.00 DS @ 3E  
116

Use spec comfortably

Valid for 10 days only

**Timings** : **Saturday Closed**  
Summer : 8:30 A.M. to 9:00 P.M.  
Winter : 9:00 A.M. to 8:00 P.M.

**AAROGYA PHARMACY**

OPP. JUTIA GOVT. HOSPITAL,  
HOSPITAL ROAD KHURJA -203131,  
Phone : 8171293105, 8006470054  
GST NO.: 09AAOHR1104J1ZZ

No. : 0051444  
Date: 21/12/2018  
Name: G.D PANDAY  
Add.:

Dr. : 2

DR SUDHA AGARWAL

(23)


QTY.	PACK	DESCRIPTION	BATCH	EXP.	AMOUNT
8 PCS	1*10	3004 NULONG-20 TAB	92018008	5/20	82.80

GST->73.92\*6+6%=4.44SGST+4.44CGST, \*\* GET WELL SOON \*\*

Rs. Eighty Three Only PLEASE PAY | 83.00  
INCL.GST : 8.88 DISC.: 9.20 R.OFF: 0.20

\*All disputes subject to BULANSHAH Jurisdiction only  
\*Medicines without Batch No. & Exp. for AAROGYA PHARMACY  
will not take back.  
\*Please consult Dr. Before using the medicines

GST ready by MARG Erp 9897758982

  
**Dr. (Ms.) GAGAN GROVER**  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida







**AAROGYA PHARMACY**

OPP. JATIA GOVT. HOSPITAL,  
HOSPITAL ROAD KHURJA -203131,  
Phone : 8171293105, 8006470054  
GST NO.: 09AAQHR1104J1ZZ

No. : 0051901  
Date: 24/12/2018  
Name: GAYANTI  
Add.:  
Dr. : 4

233

DR. ANURAG VYAS (

QTY.	PACK	DESCRIPTION	BATCH	EXP.	AMOUNT
10	PCS 1*10	3004 FEBUCIP 40	DT1701039	12/19	103.95
10	PCS 1*10	3004 MECONERV FORTE	MVFY0150	8/19	148.00
10	PCS 1*10	3004 NULONG-20 TAB	92018008	5/20	115.00

*[Signature]*  
Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.

GST->327.63\*6+6%=19.66SGST+19.66CGST  
Medical Officer  
Reg. No. MCI-18854  
Kalash Hospital  
Heart Institute, Noida  
\*\* GET WELL SOON \*\*

Rs. Three Hundred Sixty Seven Only  
INCL. GST : 39.32

R.OFF: 0.05

PLEASE PAY | 367.00

\*All disputes subject to BULANDSHAH Jurisdiction only  
\*Medicines without Batch No. & Exp. will not take back.  
\*Please consult Dr. Before using the medicines  
for **AAROGYA PHARMACY**

GST ready by MARG Etp 9897758982





# KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2 46 66 66 Extn. Fax: 0120 - 2 53 33 33

21

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## Specialist OPD-1

UHID: 2494657

Dated: 27/12/18 17:46

Bill No.: OPD/N/18/382387

NAME: RYANTI PANDEY

AGE: 60-2 SEX: Female

ADDRESS: C-69, SECTOR-23 NOIDA, NOIDA

Tel No.: 9315007796

CONSULTANT SPECIALIST

Dr. S.K. BEHURA  
(NEPHROLOGIST-Super  
Specialist)

OPD Consultation Fee

Rate

800

Amount

800.00

Net Amount:

800.00

Discount:

120.00

GSTIN: 09AABCK8840N1ZY

SAC-999312

Payable Amount:

680.00

### RECEIPT

Receipt Dt	Receipt NO	Receipt Ty	Cash Tende	Change	Return	Net Amount
27/12/18	CV/18NO/173192	By Cash	700	20		680.00
<b>Total Receipt :</b>						<b>680.00</b>
<b>Net Receivable:</b>						<b>0.00</b>

Remarks:

15% Discount Against PRIVILEGE CARD

27/12/18 17:46

Dr. (Ms) GAGAN GROVER

Medical Officer

Reg. No. MCI 18854

Kailash Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

PAWAN KUMAR SHARMA

\* Valid till 31-Dec-2018

Note:- Refund, if any, will be made against surrender of original receipt only.

HEALTHCARE PAR EXCELLENCE

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

Printed by Naina Printer 9810434607, 9711267588

(Return Policy) Return With in 7 Days only. GST INVOICE

# LIFE PHARMACY

Shop No. -4, A-Block, Sector 23, Noida (UP)  
Mob. ☎ 9999787846, 9999103046

• GSTIN.  
• D.L. NO. : UP16210000127

Invoice No. 306

Date 28/12/2018

Name GYANTI PANDAY

Add.

Mob.

Dr. :

235

QTY.	PKG.	DESCRIPTION	BATCH NO.	EXP.	MRP	DIS. %	AMOUNT
4	4TAB	CEFTUM 250MG TAB	MA226	09/20	210.46	12.0	210.46
15	15 TAB	ACUTROL C400MG	KX1803	06/21	162.00	12.0	162.00



*[Signature]*  
Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Noida Officer

292.64 X 12 = 3512  
Rs. Three Hundred Twenty Eight Only  
Gross : 372.46  
Kailash Hospital & Heart Institute, Noida

Discount : 44.70

PLEASE PAY 327.76  
R. OFF 328.00

- ◆ All disputes subject to G.B. Nagar Jurisdiction only.
- ◆ Cutting & losse strip will not be taken back (with our batch & expiry)
- ◆ Please consult Dr. Before using the medicines.

For **LIFE PHARMACY**

Authorised Signatory

SHW ST # 965-18080



GSTIN : 07AAGPG2420E1ZD  
P.L. NO. 13(1362) 20, 21, 20C, 20B, 21B

JAI MATA DI

Ph: 26193812  
26194329  
9210656611

GST INVOICE

**BHARAT MEDICOS**

14/4, Main Market Yusuf Sarai, Aurobindo Road, New Delhi-16

CREDIT CARDS  
ACCEPTED

E-mail : bharatmedicosys@gmail.com

ALL DAYS  
OPEN

DEALS IN : ALLOPATHIC, AYURVEDIC & SURGICALS

\* In case you find any inadvertent error in the price charged  
Please bring this cash memo for refund of difference

Bill No. : 45811  
Patient : GYANTI PANDEY  
Address :  
Prescribed by : AIIMS

Date : 28/12/18  
Time : 04:01 PM

QTY. PARTICULARS HSN GST% BATCH EXPIRY AMOUNT

-30 LNBLOC-10 MG TAB. 30049079 12.0 GLNL18010 07/20 -247.71

\*\*\* get well soon \*\*\*

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	-192.42	CGST 6%	-11.55	SGST 6%	-11.55
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	
CGST Total	-11.55			MRP TOTAL	-247.71
SGST Total	-11.55			DIS. AMT.	-32.20
				PAID AMT. @ 13.00%	-216.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
- 3\* Free home delivery Condition Apply

Pharmacist & Prop. M.S. Gill

Printed by : Shree Paper Product Mch : 9811120414, 9891853378

04  
P  
18

GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : BSC/2016/20/00031  
 D.L. No. BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-255555  
 9999998807  
 Extn. 542, 543

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**Invoice No.** CAIK18/60047  
**Place of Supply** U.P (09)  
**Patient Name** NIRAJ KUMAR  
**Address**

ORIGINAL COPY Main Stage: 203361

**Date** 29-12-2018  
**Phone No.**  
**Card No.**  
**Consultant**

**Time :** 07:21 PM  
**Indent No.:**

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------	------

15	1*15	DYTOR 20 MG TAB	9079	8880496	04/21	125.95	0	112.46	6%=6.75	6%=6.75	
----	------	-----------------	------	---------	-------	--------	---	--------	---------	---------	--

बिना किसी भी प्रकार का कटौत नहीं होगी।  
 वाइडर के लिए कटौत भी जायेगी

*Jagan*  
 Dr. (Ms.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

*Raj*

Items	Amount	Disc.	(+/-)
1	125.95	0.00	-0.95
			<b>Net Amt.</b>

Amount in Words: Rupees One Hundred Twenty Five Only.

125.00

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Bulandshahr jurisdiction.  
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588





# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

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## BILL LABORATORY

UHID : 126565      DATE 29/12/2018 (16:51)      BILL NO - LAB/K/18/21182

**:-Refund, if any, will be made against surrender of original receipt only.**

Printed by Naina Printer 9810434607, 9711267588

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096  
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864  
Tel.: 0120-246 66 66

29/12/2018 04:53 PM [O-0027]



6074680  
GYANTI PANDEY

60//

# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131  
Tel. : 05738-255555, Mob. : +91 9999998804, 07  
Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

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## LABORATORY

UHID : 126565

NAME : GYANTI PANDEY

DATE : 29/12/2018 (16:51)

BILL NO - LAB/K/18/21182

SEX: Female AGE: 60-0

ADDRESS : -, -, SECTOR-JIJIS COUNMAM  
Reg No. : 6074680

Claim No

PHONE NO. : 8299003408

REFERRED BY: Dr. RAVINDRA SINGH B

### Sr No. Laboratory Charges

	Amount
1. KIDNEY FUNCTION TEST (KFT)	420.00
2. HEPATITIS B SURFACE ANTIGEN, HBsAg - RAPID	260.00

Bill Amount 680.00

Discount 170.00

Amount Payable 510.00

GSTIN: 09AABCK8840N1ZY

SAC-999316

Dr. (Ms) GAGAN GROVER  
M.B.B.S., D.H.A. RECEIPT

Receipt Dt: 29/Dec/2018  
Receipt No: 18854  
Reg. No: MCI 18854  
Kailash Hospital & Heart Institute, Noida

Payment Type	Cash	Tendered	Amount Returned	Amount
By Cash	510	0	0	510.00

Total Received : 510.00

Net Recivable : 0.00

Remarks: 25% LESS O/B M.S SIR TH-S/C SHARMA JI  
29/12/18 16:51 For Kailash Hospital

- This Bill is valid for 3 days only.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096  
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

PRATAP SINGH BHATI

CIN U74899DL1993PLC054864  
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588



GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : BSC/2016/20/00031  
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL  
**UMA MEDICARE LTD.**  
 (KAILASH HOSPITAL)

Ph. : 05738-255555  
 9999998807  
 Extn. 542, 543

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Date: 31-12-2018  
 Time: 05:43 PM  
 Phone No. 8299003408  
 Card No.  
 Indent No.:  
 Consultant Dr. RAVINDRA SINGH BHADORIA

Invoice No. CAIK18/60362  
 Place of Supply U.P.(09)  
 Patient Name GYANTI PANDEY  
 Address

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
14	1x10	CILACAR 10 TAB	9099	KC98064	08/21	118.34	0	105.66	6%=6.34	6%=6.34	0%=0
15	1x15	CARCA 6.25 TAB 1x15	9099	KX1636	06/21	62.00	0	55.36	6%=3.32	6%=3.32	0%=0
14	1x30	TABPRAZOPRESS XL 2.5 TAB	9079	BST0539	02/20	112.23	0	100.21	6%=6.01	6%=6.01	0%=0
7	1x10	ESOFAG D CAP	9033	EFAS0053	05/20	88.90	0	79.38	6%=4.76	6%=4.76	0%=0
1	1x100ML	SORBILINE SYRUP	9011	0N17111	10/20	69.87	0	62.38	6%=3.74	6%=3.74	0%=0
1	1x4	UPRISE-D3 CAP 60K	5036	UPSG-18051	08/20	31.03	0	27.71	6%=1.66	6%=1.66	0%=0

Printed by Naina Printer 9810434607, 9711267588

बिना बिल के दवाई वापिस नही होगी  
**PAID**  
 Dr. (Ms) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Medical Institute, Noida



Items	Amount	Disc.	(+/-)	Net Amt.
6	482.37	0.00	-0.37	482.00

Rupees Four Hundred Eighty Two Only.

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Bulandshahr jurisdiction.  
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382



CTN: U85110DL1998PLC092382

VISHWAS

GSTIN : 09AAACU7133M1ZZ  
CIN : U85110DL1998PLC092382  
D.L. No. : BSC/2015/20/00031  
D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

Ph. : 05738-255555  
999998807  
Extn. 542, 543

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

242

Invoice No.  
Place of Supply

Date

Time :

ORIGINAL COPY Main Phone No

Patient Name CAIK18/60274  
Address U.P.(09)

Card No. 11-12-2018

Indent No. 12:50 PM

Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------	------

1		11.5FR*1DOUBLE LUMEN HEMO.DLY CURVED3990 1623800188			07/21	4600.00	0	4107.14	6%=246.43	6%=246.43	0%=0
1		1*15GM T-BACT OINTMENT		2099 EL292	11/19	240.00	0	214.29	6%=12.86	6%=12.86	0%=0

Printed by Naina Printer 9810434607, 9711267588

5707

बिना बिल के दवाई वापिस नहीं होगी

PAID

दवाईयों को बिल के अन्दर वापिस ली जायेगी

Items

\*\*\* Amount INVOICE \*\*\*

Disc.

(+/-)

2

4840.00

0.00

Net Amt.

Price of medicine are inclusive of all taxes.  
Goods once sold are not returnable.  
Subject to Bulandshahr jurisdiction.  
E. & O.E.

Four thousand Eight Hundred Forty Only.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

4840.00

For UMA MEDICARE LTD.



GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : BSC/2016/20/00031  
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph : 05738-255555  
 9999998807  
 Extn. 542, 543

243

Invoice No.  
 Place of Supply  
 Patient Name  
 Address

CAIK18/60273  
 U.P (09)

Date

Time :

ORIGINAL COPY Drug

Phone No 888

Card No 1-12-2018

Indent No. 2:50 PM

Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------	------

1	1*1	DISPOFLON 20G	3930	180213/97	04/23	135.00	0	120.54	6%=7.23	6%=7.23	0%=0
1	1*1	INTRASHIELD 1623	9099	18043207	03/21	66.00	0	58.93	6%=3.54	6%=3.54	0%=0
1	1*1	MERSILK NW 5003	9099	B8038	04/23	188.00	0	167.86	6%=10.07	6%=10.07	0%=0
2	1	GLOVES 7.0 SURGICARE	1100	18K3159M	10/23	130.00	0	116.07	6%=6.96	6%=6.96	0%=0
2	1	GLOVES 7.5 SURGICARE	1100	18K3152	10/23	130.00	0	116.07	6%=6.96	6%=6.96	0%=0
1	1*30ML	LOX 2% VIAL	9034	NL0403A8	12/19	29.65	0	26.47	6%=1.59	6%=1.59	0%=0
2	1*1	S10 OMNIVEN	3100	18K20M8201	08/23	44.00	0	39.29	6%=2.36	6%=2.36	0%=0
2	1*1	S 5ML OMNIVAN	3100	18L03M8204	09/23	28.00	0	25	6%=1.5	6%=1.5	0%=0
2	1*1	NEEDLE 18 NO (D)	3290	43851M	09/23	5.00	0	4.46	6%=0.27	6%=0.27	0%=0
2	1	NEEDLE 26 NO (B)	9022	448620	10/23	4.00	0	3.57	6%=0.21	6%=0.21	0%=0
1	1*100ML	NS 100ML (B BROWN)	3004	10VARS	08/21	14.84	0	14.84	6%=0.89	6%=0.89	0%=0
1	1*1	KABIHEP 5000IU (MS)	9099	10VARS	08/21	85.74	0	76.55	6%=4.59	6%=4.59	0%=0
1	1	SURGICAL BLADE 11NO.	9022	130718	06/23	5.00	0	4.46	6%=0.27	6%=0.27	0%=0

**PAID**  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

Items

Amount

Disc.

Net Amt.

13

867.01

0.00

867.00

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Bulandshahr jurisdiction.  
 E. & O.E.

Number of Items: Sixty Seven Only.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

Printed by Naina Printer 9810434607, 9711267588







**KAILASH HOSPITAL**  
(A UNIT OF KAILASH HEALTHCARE LTD.)

244

Plot No. -203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131, Tel.: 05738-255555, Mob: +91 9999998807  
Fax: 05738-252333, E-mail: kailash.khurja@kailashhospital.com, Web-site : www.kailashhospital.com

IPD/IBK : IPD/IBK/4329      DATE : 31/Dec/2018  
Name : GYANTI PANDEY  
ADDRESS : -, KHURJA, CIVIL COURT , DISTT-BULANDSHAHR,UP

Narration : D/O BILL

Received with thanks Rs. : 4,000.00  
(RUPEES FOUR THOUSAND ONLY)

BY: CASH

Cash Tender - : 4000

FOR Kailash Hospital

Refund Amount - :

HARI PRAKASH SHARMA

*[Signature]*

**Dr. (M.) GAGAN GROVER**  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

Note:-Refund, if any, will be made against surrender of original receipt

**PAIL**

31/Dec/2018

17:20:51

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

Corporate Office : H-33, Sector - 27, Noida - 201301, U.P., Tel.: 0120-2466666, Fax : 0120-2552323

CIN : U74899DL1993PLC054864





# KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

Plot No - 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131  
 Mobile No.: 999998804, Tel - 05738-255555, Fax - 05738-252333  
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

245

## FINAL BILL

Bill No : IPD/K/18/3374 UHID: 126565 Dated : 31/Dec/2018  
 MRD No : IPD/18K/4329 Sex/Age : Female / 60-0  
 Patient : GYANTI PANDEY  
 C/O : W/O LAXMI KANT PANDEY  
 Address : -, KHURJA, CIVIL COURT ,  
 DISTT-BULANDSHAHR,UP  
 PhoneNo : 8299003408  
 D.O.A. : 31/Dec/2018 13:57:56  
 D.O.D. : 31/Dec/2018 17:02:13

Remarks : 695/-DIS. BY MR.PREM PRAKASH ARORA

### DESCRIPTION

AMOUNT(In Rs.)

DESCRIPTION	AMOUNT(In Rs.)
<b>Non-Surgical Procedures</b>	
DIALYSIS- SINGLE PERSON (Package) (Sch.No:NA*) Dr.RAVINDRA SINGH BHADORIA (NEPHROLOGIST-MD, DNB)	2,050.00
JUGULAR LINE/SUBCLAVIAN LINE (Sch.No:KKS16-1992*) Dr.ANUP AGARWAL (ANAESTHESIOLOGIST/CHIEF INTENSIVIST-MD)	1,830.00
<b>Investigations &amp; Imaging</b>	
<b>Ward Consumables</b>	365.00
<b>Miscellaneous Charges</b>	350.00
REGISTRATION CHARGES (Sch.No:NA*)	100.00

Amount: 4,695.00

Less Discount: 695.00

SAC-999311 Bill Amount: 4,000.00

(RUPEES FOUR THOUSAND ONLY)

GSTIN:09AABCK8840N1ZY

PAN No. AABCK8840N

TAN No. DELK02514B

Payment Summary:			
Bill Amount:		4,000.00	
Total Receivable:		4,000.00	
Receipts:			
31/Dec/2018	CV/18KI/4076	4,000.00	D/C BILL
Total Receipts:		4,000.00	
Net Receivable:		0.00	

Prepared By : VEER SINGH

Checked By : HARI PRAKASH SHARMA

Settlement By : HARI PRAKASH SHARMA

Dr. (Mr.) GAGAN GROVER  
 MBBS, DHA  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

# Kailash Hospital

(A Unit Of Kailash Healthcare Ltd.)

Plot No-203,Wazidpur, G.T. Road/NH-91, ( Khurja, Bulandsahar-203131 )

Phone: 05738-255555

E-Mail : kailash.khurja@kailashhospital.com

Website : www.kailashhospital.com

## ANNEXURE

Bill No \_\_\_\_\_ Dated \_\_\_\_\_  
MRD No IPD/18K/4329  
Patient GYANTI PANDEY  
Address -, KHURJA, CIVIL COURT , D

Bill Date	Bill No.	Req.No.	Charge Name	Sch.Ref.No.	Amount
<b>Investigations &amp; Imaging</b>					
31/Dec/2018	DIAG/K/18/11812	6040085	X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY	(KKR16-624*)	250.00
31/Dec/2018	DIAG/K/18/11812	6040085	X-RAY PORTABLE (Service Charge Only)	(KKR16-801*)	115.00
<b>Total</b>					<b>365.00</b>
<b>Total Amount</b>					<b>365.00</b>

Regd. Office: A-101, New Ashok Nagar, Delhi - 110096

Page 1 of 1

  
Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida





# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

247

## RECEIPT LABORATORY

DATED : 31/Dec/2018

Memo No. : LAB/18K/9992

Name : GYANTI PANDEY (126565)

Sex : Female

Address: -, KHURJA, CIVIL COURT, DISTT-BULANDSHAHR.

Age : 60-0

Received Rs 900.00 (Rupees nine hundred) Against

1 Cash

CV/18KL/7443

975.00

Short & Exce

75.00

Due Receipt Against BillNo=LAB/K/18/21253

Dated = 31/Dec/2018

900.00

Amount =975.00

31/12/18 17:17

For Kailash Healthcare Ltd

Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.

Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

MAHESH CHAND SHARMA







# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com ; Website: www.kailashhospital.com

(249)

UHID : 126750      DATE 02/01/2019 (11:42)      BILL NO - LAB/K/18/21334

## RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Amount
02/Jan/2019	EV/18KL/7469	By Cash	1000	1	999.00
Total Received :					999.00
Net Recivable :					0.00

02/01/19 11:42 For Kailash Hospital

:-This Bill is valid for 3 days only.

:-Refund, if any, will be made against surrender of original receipt only.

PRATAP KUMAR BHATI

Dr. (Ms) *[Signature]* GANESH GROVER  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida



# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

05/01/2019 10:44 AM [O-0005]



6074832

L.K PANDEY

62/M

UHID : 126750 DATE : 02/01/2019 (11:42) BILL NO - LAB/K/18/21334  
NAME : L.K PANDEY SEX: Male AGE: 62-0

Claim No

ADDRESS : .-. . . SECTOR-. . . KHURJA PHONE NO. : 9315007796

Req No. : 6074832

REFERRED BY: HEALTH CHECKUP

Sr No. Laboratory Charges Amount

1. GOLD HEALTH CHECK UP (Male) NA\* 999.00

ECG (ELECTROCARDIOGRAM) RESTING

ULTRASOUND WHOLE ABDOMEN MALE

X-RAY CHEST P.A. VIEW

BLOOD GROUPING & RH TYPING

BLOOD SUGAR (FASTING)

COMPLETE BLOOD COUNT (C.B.C)

ESR (Westergrens) AUTOMATED

KIDNEY FUNCTION TEST (KFT)

LIPID PROFILE

LIVER FUNCTION TEST

Dr. (Ms.) GAJAN GROVER

M.B.B.S., D.H.A.

URINE ROUTINE (AUTOMATED)

Medical Officer

Reg. No. MCI 18854

Kailash Hospital & Heart Institute, Noida

Amount 999.00

7297

GSTIN:09AABCK8840N1ZY

SAC-999316

Amount Payable 999.00

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096

Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864

Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588



GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : BSC/2016/20/00031  
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

(251)

Ph. : 05738-255555  
 9999998807  
 Extn. 542, 543

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK18/60518  
 Place of Supply U.P.(09)  
 Patient Name L.K.PANDEY  
 Address

Date 01-01-2019 Time : 08:05 PM  
 Phone No.  
 Card No. Indent No.:  
 Consultant CASUALTY MEDICAL OFFICER

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------	------

2	1*10	ZERODOL P TAB	9069	FRW158079AS	07/20	9.24	0	8.25	6%=0.5	6%=0.5	0%=0
---	------	---------------	------	-------------	-------	------	---	------	--------	--------	------

Printed by Naina Printer 9810434607, 9711267588

Dr. (MS) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Health Institute, Noida

बिना बिना ही सख्त परीक्षा ली होगी।  
 दवाई का खर्च आपका परिसर ही जायेगी



Items	Amount	Disc.	(+/-)
1	9.24	0.00	-0.24
<b>Net Amt.</b>			<b>9.00</b>

Rupees Nine Only.

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Bulandshahr jurisdiction.  
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382





# KAILASH HOSPITAL

## Provisional Report

(A unit of Kailash Healthcare Ltd.)  
Plot No - 205, Wazirpur, G.T. Road/NH-91, Kailash, Bulandshahr, U.P.-203131  
Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333  
E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

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O-0005

UHID : 126750 No.: LAB/18K/10029 Date: 02/01/2019  
Name : Mr. L.K PANDEY Request Number : 6074832  
Sex : M Age : 62 YEARS 0 MONTHS Registered : 05/01/2019 10:44:10AM  
Referred By : HEALTH CHECKUP Sample Collected : 05/01/2019 11:20:19AM  
Collected At : Lab Reported :

Investigation Result Unit Biological Ref Interval

### KIDNEY FUNCTION TEST (KFT) (SERUM)

UREA Urease & Glutamate dehydrogenase Method	:23.6	mg/dl	16.6 - 48.5
SERUM CREATININE Kinetic -Jaffe Method, rate blanked & compensated	:0.87	mg/dL	0.7 - 1.20
SERUM URIC ACID Uricase & Peroxidase Method	:5.7	mg/dL	3.4 - 7.0
ALKALINE PHOSPHATASE IFCC Gen-2	:139.0	U/L	40 - 130
SODIUM Direct ISE	:139	mEq/L	136 - 145
POTASSIUM Direct ISE	:4.3	mEq/L	3.5 - 5.0
Serum Calcium - Ionised Direct ISE	:1.19	mmol/L	1.15 - 1.35
PHOSPHORUS (PO4) End point with sample blanking	:3.3	mg/dl	2.5 - 4.5
TOTAL PROTEINS Colorimetric Assay Biuret	:8.0	gm/dl	6.4 - 8.3
SERUM ALBUMIN [Colorimetric Assay, BCG]	:4.4	g/dL	3.5 - 5.2
GLOBULIN. Calculated	:3.6	gm/dl.	2.5 - 3.5

### LIVER FUNCTION TEST (SERUM)

Bilirubin [Total] Diazo method	:0.61	mg/dl	0.0 - 1.2
BILIRUBIN (DIRECT) Diazo Method	:0.17	mg/dl	0.0 - 0.30
BILIRUBIN (INDIRECT) Calculated	:0.44	mg/dl	0.1 - 1.0
S.G.O.T IFCC without pyridoxal phosphate activation	:30.0	U/L	0 - 40
S.G.P.T IFCC without pyridoxal phosphate activation	:33.0	units/L	0 - 50

Lab Technician

Page 1 of 6





# KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

253

Plot No - 200, Wazirpur, S.F. Road/NH-91, Kailash, Gurgaon, U.P. 203131  
 Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333  
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

O-0005

UHID : 126750 No.: LAB/18K/10029 Date: 02/01/2019  
 Name : Mr. L.K PANDEY Request Number : 6074832  
 Sex : M Age : 62 YEARS 0 MONTHS Registered : 05/01/2019 10:44:10AM  
 Referred By : HEALTH CHECKUP Sample Collected : 05/01/2019 11:20:19AM  
 Collected At : Lab Reported :

Investigation	Result	Unit	Biological Ref Interval
G.G.T Enzymatic colorimetric assay	:35.0	units/l	<60
ALKALINE PHOSPHATASE IFCC Gen-2	:139.0	U/L	40 - 130
TOTAL PROTEINS Colorimetric Assay Biuret	:8.0	gm/dl	6.4 - 8.3
SERUM ALBUMIN [Colorimetric Assay, BCG]	:4.4	g/dL	3.5 - 5.2
GLOBULIN. Calculated	:3.6	gm/dl.	2.5 - 3.5
A/G RATIO Calculated	:1.22		1.5 - 2.5

### LIPID PROFILE (SERUM)

CHOLESTEROL Enzymatic Colorimetric with esterase, oxidase and peroxidase	:214.4	mg/dl	< 200 Desirable 200 - 239 Borderline High >= 240 High
TRIGLYCERIDES Enzymatic (GPO--PAP)	:191.1	mg/dl	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High
HDL CHOLESTEROL [Homogenous Enzymatic colorimetric assay]	:40.3	mg/dl	< 40 Low >= 60 High
LDL CHOLESTEROL Calculated / Homogeneous Enzymatic colorimetric assay	:135.88	mg/dl	< 100 Optimal 100 - 129 Near or above Optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High
VLDL Cholesterol Calculated	:38.22	mg/dl	</ = 30.0
LDL:HDL Calculated	:3.37		< 3.5
Total Cholesterol : HDL Ratio	:5.32		< 5.0

Lab Techninc





# KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

## Provisional Report

PLOT No - 203, Wazirpur, G.T. Road/NH-91, Kharja, Burandisrahr, U.P.-203131  
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O-0005

UHID : 126750 No.: LAB/18K/10029 Date: 02/01/2019  
 Name : Mr. L.K PANDEY Request Number : 6074832  
 Sex : M Age : 62 YEARS 0 MONTHS Registered : 05/01/2019 10:44:10AM  
 Referred By : HEALTH CHECKUP Sample Collected : 05/01/2019 11:20:20AM  
 Collected At : Lab Reported :

Investigation	Result	Unit	Biological Ref Interval
Calculated			
NON-HDL CHOLESTROL	:174.1	mg/dL	

**Comments:**

NCEP RECOMMENDATIONS (ATP -III CLASSIFICATIONS)

**Note :**

1. Measurement in the same patient can show physiological and analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. NCEP identifies elevated Triglycerides as an independent risk factor to the Coronary Heart Diseases (CHD).
4. LOW HDL levels are associated with Coronary Heart Diseases due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

\* ATP III guidelines uses LDL cholesterol as the primary target for cholesterol lowering therapy. Note that major risk factors can modify LDL goals.

\*ATP III suggested the addition of Non HDL Cholesterol (Total cholesterol-HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The non HDL cholesterol is used as a secondary target of therapy in persons with triglycerides  $\geq 200$  mg/dL.

**BLOOD GLUCOSE FASTING**  
(FLUORIDE PLASMA)

BLOOD GLUCOSE (FASTING)	:139.5	mg/dl	70 - 99
Hexokinase			100- 125 (Pre-Diabetes)
			> 126 (Diabetes)

**URINE ROUTINE (AUTOMATED)**  
(URINE)

Lab Technician