

प्रेषक,

मुख्य चिकित्साधिकारी
गोरखपुर।

सेवा में,

पीठासीन अधिकारी, भूमि अर्जन पुनर्वासन और पुनर्व्यस्थापन प्राधिकरण ,
गोरखपुर।

पत्रांक - चिकित्सा/प्रतिपूर्ति/परीक्षण/2023-24/2865 दिनांक- 16 अक्टूबर 2023

विषय - चिकित्सा प्रतिपूर्ति बीजको के तकनीकी परीक्षण के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक कृपया आप अपने पत्र संख्या 759 दिनांक का संदर्भ ग्रहण करने का कष्ट करे जिसके माध्यम से श्री सतेन्द्र कुमार के माता के उपचार पर हुये व्यय रु० 89468.00 का प्रतिपूर्ति बिल प्रतिहस्ताक्षरित हेतु अधोहस्ताक्षरी कार्यालय को प्राप्त हुआ है जिसे अधिसूचना संख्या 2275/5-6-11-1082 /87 दिनांक 20.09.2011 यथा संशोधित अधिसूचना संख्या-474/पाँच-6-14-1082/87 टीसी दिनांक 04.03.2014 एवं शासनादेश संख्या-56/2019/578- पाँच -6-2019-04 (जी)/2 019 दिनांक 07.03.2019 के अनुपालन में तकनीकी परीक्षण करने के उपरान्त रु०- 85873.00 प्रतिहस्ताक्षरित कर समस्त प्रपत्र मूल प्रपत्र में आपकी सेवा में आवश्यक कार्यवाही हेतु प्रेषित किया जा रहा है। उल्लेखनीय है कि अधोहस्ताक्षरी द्वारा उक्त दावे का शासनादेश संख्या- 58/2019/578-पाँच-6-2019-04(जी)/2019 चिकित्सा अनुभाग-6 लखनऊ दिनांक-07 मार्च 2019 के अनुपालन में बीजकों के दर का तकनीकी परीक्षण किया गया है। दावे की वैद्यता आदि का स्वयं सत्यापन /परीक्षण कर भुगतान की कार्यवाही की जाये।

संलग्नक - यथोक्त।

भवदीय



अपर मुख्य चिकित्साधिकारी
सक्षम प्रधिकारी चि०व्यय प्रतिपूर्ति
गोरखपुर

शासनादेश संख्या-56/2019/578-पॉच-6-2019-04(जी0)/2019 दिनांक 07 मार्च, 2019 का संलग्नक
मुख्य चिकित्सा अधिकारी/मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक/तकनीकी परिक्षण अधिकारी
द्वारा प्रदेश के बाहर करायी गयी चिकित्सा प्रतिपूर्ति के दावे का परीक्षण

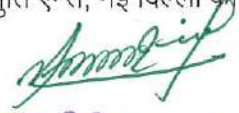
प्रारूप-2

1. लाभार्थी का नाम, पदनाम सतेन्द्र कुमार
2. लाभार्थी के पिता/प्रति का नाम स्व. रूच नारायण
3. उपचार प्राप्तकर्ता का नाम/ प्रिता/पति का नाम कमला देवी पत्नी स्व. रूच नारायण
4. उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध माता - पुत्र
5. निवास का पता 05, धनोइया, संडीया, गनौरा, गौडोरा, हरदोई, उ.प्र. 241304
6. चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता SKD hospital, KBC-27 of Phoenia mall,
(जिससे उपचार प्राप्त किया गया हो) Sector B Road, Lucknow, U.P. 226012
(निजी है अथवा सरकारी)
7. बीमारी का नाम
8. उपचार की अवधि 29.06.23 से 07.09.23 तक
9. चिकित्सा पर कुल व्यय धनराशि 89468/- (नवासी हजात चार सौ अड़सठ) मात्र
10. परिक्षण के उपरान्त भुगतान हेतु संस्तुत धनराशि 85873/-

प्रमाणीकरण

प्रमाणित किया जाता है की चिकित्सा अनुभाग-6, उ0 प्र0 शासन की उ0 प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या 2275/पॉच-6-11-1082-87 दिनांक 20 सितम्बर, 2011, उ0 प्र0 सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पॉच-6-14-1082/87टी .सी. दिनांक 04 मार्च, 2014 एवं उ0 प्र0 सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली, 2016 अधिसूचना संख्या-365/2016/3124/पॉच-6-2016-19जी/16 दिनांक 27 दिसम्बर, 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के बाहर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति एम्स, नई दिल्ली की दर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित है।

संलग्नक - यथोक्त (मूल रूप में)


अपर मुख्य चिकित्सा अधिकारी
हस्ताक्षर/दिनांकरी चिं व्यय प्रतिपूर्ति
(संस्तुति करने वाले अधिकारी का नाम व पदनाम)
मुहर सहित।

1. यह शासनादेश इलेक्ट्रॉनिकली जारी किया गया है, अतः इस पर हस्ताक्षर की आवश्यकता नहीं है।
2. इस शासनादेश की प्रमाणिकता वेबसाइट <http://shasanadesh.up.nic.in> से सत्यपित की जा सकती है।

वित्त-पथ 2022

परिशिष्ट 'क'
उत्तर प्रदेश सरकार
स्वास्थ्य-पत्रक
(भाग दो, नियम-6(क) देखें)



प्रीतसोनी अधिकारी
बूक ऑफिस सुपुं प्रान्त मुहर
गोरखपुर मण्डल, गोरखपुर

नाम- सतेन्द्र कुमार जन्म का दिनांक 01.01.1971 लिंग पुरुष
पदनाम प्रीतसोनी अधिकारी विभाग का नाम श्री कृष्ण पुनर्वसन और पुनर्व्यवस्थापन अधिकारण
तैनाती का स्थान- गोरखपुर
आवासीय पता- 05, दानोडया, संडीला, जनौरा, जौड़ौरा, हरदोई शु.पी. 241304
मूल वेतन तथा वेतनमान/पेंशन- 217560/-
नामिनी का नाम-
आश्रित पारिवारिक सदस्यों का विवरण-

क्रमांक	नाम	जन्म का दिनांक	आवेदक से सम्बन्ध
1.	<u>सतेन्द्र कुमार</u>	<u>01.01.1971</u>	<u>स्वयं</u>
2.	<u>प्रभा बाजपेई</u>	<u>22.10.1974</u>	<u>पत्नी</u>
3.	<u>कमला देवी</u>		<u>माता</u>
4.	<u>सोमेन्द्र बाजपेई</u>	<u>10.10.2002</u>	<u>पुत्र</u>
5.	<u>—</u>	<u>—</u>	<u>—</u>
कुल संख्या	<u>(04)</u>		

दिनांक.....

आवेदक के हस्ताक्षर-

कार्यालयाध्यक्ष के प्रतिहस्ताक्षर, मुहर सहित।

उत्तर प्रदेश असाधारण गजट, 4 मार्च 2014

स्तम्भ - 2

एतद्वारा प्रतिस्थापित परिशिष्ट

परिशिष्ट 'ग'

(भाग-पाँच-नियम-16 तथा 18 देखें)

सेवा में,

विभागाध्यक्ष,
भूमि अधिनियम, पुनर्वास और पुनर्वास-स्थापन प्राधिकरण,
गोरखपुर मण्डल, गोरखपुर

विषय: चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

महोदय,

मैं सतेन्द्र कुमार / मेरे पारिवारिक सदस्य (नाम) कमला देवी

ने (बीमारी का नाम) के लिये 29.06.23 (दिनांक) से 30.06.23 तक SKD Hospital, Lucknow (चिकित्सालय का नाम) में उपचार करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिये दावा प्रस्तुत कर रहा हूँ-

1. उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
2. उपचारी चिकित्सक द्वारा विधिवत् हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल), बाउचर।
3. यह प्रमाणित किया जाता है कि उपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित हैं और सामान्यता मेरे साथ निवास करता है।

मेरे उपचारार्थ के पत्र संख्या के दिनांक द्वारा स्वीकृत रु० के अग्रिम का समायोजन करने के पश्चात् मेरे दावे की प्रतिपूर्ति के लिये यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक: 12.10.23

(अधिकारी/कर्मचारी का हस्ताक्षर)

अधिकारी/कर्मचारी का नाम:

पदनाम:

तैनाती का स्थान:

सतेन्द्र कुमार
पीठासीन अधिकारी
गोरखपुर मण्डल, गोरखपुर

सतेन्द्र कुमार
(उ०प्र० उच्चतर न्यायिक सेवा)
पीठासीन अधिकारी
भू० अ० पु० पु० प्रा०
गोरखपुर मण्डल, गोरखपुर

ESSENTIALITY CERTIFICATE
CERTIFICATE B'

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

Certificate granted to Mr./Mrs./Miss Wife/Son/Daughter
of Mr. Employed in the

PART-A

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

I Dr. Adhish Singh hereby certify:-

- (a) that, the patient was admitted to hospital on my advice/the advice of (name of the 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 for supply to private patients (name of hospital) and do not include proprietary preparations for which for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilet or disinfectants.

Name of medicines	Prices
1.	769.00/-
2.
3.
4.

- (c) that, the injections administered were for/were not immunizing or prophylactic purposes.
- (d) that, the patient is/was suffering from Pain with Swelling in left thigh and is/was under my treatment from to
- (e) that, the x-ray, laboratory, test, etc. for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at (Name of hospital or laboratory)
- (f) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.

Place:
Dated:

Signature & Designation of the
Medical Officer-in-Charge of the
case at the hospital.

PART-B

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

Place:
Dated:

Signature & Designation of the
Medical Officer and the hospital/
dispensary to which attached.

COUNTERSIGNED

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

Place:
Dated:

Medical Superintendent
..... hospital

प्रतिहस्ताक्षरित
50.73305
अपराधीनता एवादीनकी पाचलात
[Signature]

अपर मुख्य चिकित्सा अधिकारी
यम प्राधिकारी चिंमय प्रतिभूति
गोरखपुर



Calculation Memo / Details Vouchers

Patient Name Mrs. KAMLA DEVI Disease

Hospital/ Institution Name SKD Hospital

S. No.	Voucher No.	Date	Institution/ Chemist Name	Amount	Payable Amount	Non-Payable Amount
1	1292	29/06/23	SKD Hospital	20000		
2	1277	29/06/23	SKD Hospital	30000		
3	OPB/2324/550	29/06/23	SKD Hospital	400		
4	MIL-OCS-12722W	29/06/23	APOLLO Hospital	2160		
5	1335	02/07/23	SKD Hospital	15000		
6	OPB/2324/5750	02/07/23	SKD Hospital	1500		
7	SA-09563	02/07/23	SKD Medical store	140		
8	SA-09573	02/07/23	SKD Medical store	7700		
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Total Amount				<u>76900/-</u>		

(चिह्नर हलार नौ सौ मात्र)

Signature and Seal of Doctor



Emergency Certificate

This is certifying that the treatment of
 KAMLA DEVI S/o/D/o/W/o ROOP NARAYAN
 Address es. Chhonia, Sandila, Ganaura, Gaudora, Tharodi U.P.
 age 78 years, is suffering from fracture left hip
 his/her treatment was started in (hospital name) SKD hospital, Phoenix mall,
Sector B Road, Lucknow U.P. 226012 in Urgency/Emergency
 from date 29.06.23

(Signatures & Seal of treating doctor)



Dr. ASHISH SINGH

Clinical Director

M.B.B.S., M.S. (ORTHOPAEDICS)
CLINICAL ATTACHMENT (ENGLAND)
EX. S.R. SIR GANGA RAM HOSPITAL, NEW DELHI
FELLOW IN JOINT REPLACEMENT
(LILAVATI & BREACH CANDY HOSPITAL, MUMBAI)
EX. CHIEF RESIDENT K.G.M.U., LUCKNOW.
REGN. NO. 044484



Estd. 2009

SKD HOSPITAL

(A Venture of SKD Group)

"Commitment to Health Care"



SPECIALIZATION

- JOINT REPLACEMENT
जोड़ प्रत्यारोपण
- ARTHROSCOPY
आर्थ्रोस्कोपी
- FRACTURE MANAGEMENT
फ्रैक्चर का इलाज
- SPORTS INJURIES
खेल सम्बन्धित चोटों से निजात
- ARTHRITIS TREATMENT
गठिया से निजात
- CHRONIC PAIN RELIEF
असाध्य दर्द से मुक्ति

Vitals :

Hb = 8.7

Creat = 0.9

Chief Complaints :

LP ⁽¹⁰⁾
Knee motion -ve

Examination :

RBS = 98

Investigation :

UHID : SKD-54659
Name : Mrs KAMLA DEVI
Age : 78-Year Female
Mobile : 7880587866

OPID : OP.202306290009
Date : 29/06/2023
Time : 10:45:28
Panel : GENERAL

DOB = 25/6/23
Diagnosis : # I/T. & SIT Left Hip
Jenur

Treatment :

Admission
Admission ; Ignorance & Explain



KBC-27, Sector-B, Opp. Phoenix Mall,
Kanpur Road, Alambagh, Lucknow-12 (U.P.)
E-mail : skdhospital@gmail.com
Ph.: 0522-4044111, 4021010, 7388526222

O.P.D. Timings
Morning : 10 am to 1 pm
Evening : 6 pm to 8 pm
SUNDAY Evening Closed



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010, 0522-4044111, 7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

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Deposit Receipt

REC NO: 1292	UHID: SKD-54659	IPNO: IP.2305957
Name: Mrs KAMLA DEVI	OPID: OP.202306290009	Patient Type: General
Mobile: 7880587866	Age: 78-Year Female	Doctor: Dr. Ashish Singh
Ward: GENERAL WARD FEMALE	Room: 4	

ReceiptNo	Date	Deposit Amount
IPD\Deposit\ 1292	29 Jun 2023 20:02	20000.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees Twenty Thousand Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

Generated By: preeti



For SKD Hospital

Authorised Signatory:



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector-B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

Deposit Receipt

REC NO: 1277	UHID: SKD-54659	IPNO: IP.2305957
Name: Mrs KAMLA DEVI	OPID: OP.202306290009	Patient Type: General
Mobile: 7880587866	Age: 78-Year Female	Doctor: Dr. Ashish Singh
Ward: GENERAL WARD FEMALE	Room: 4	

ReceiptNo	Date	Deposit Amount
IPD\Deposit\ 1277	29 Jun 2023 11:30	30000.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees Thirty Thousand Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

Generated By: archana



For SKD Hospital

Authorised Signatory:

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SKD Hospital
KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222,
Email: skdhospital@gmail.com,Website: http://skdhospital.com
OPD Registration

Bill No	: OPB/2324/5504	UHID	: SKD-54659
Patient Name	: Mrs KAMLA DEVI 78-Year Female	OPID	: OP.202306290009
Patient Type	: GENERAL	Date	: 29/06/2023
Consultation For	: Dr. Ashish Singh	Pay Mode	: Cash

Rupees Four Hundred Only

Amount Rs.400.00

Discount Rs.0.00

Amount Paid Rs.400.00

archana 10:45:28

(Authorised Signatory)



24

GSTIN : 09AAGCM9435L1ZU OP Cash Bill - Bill of Supply Reference No :

Name : Mrs. KAMLA DEVI Age : 78Yr 5Mth 28Days UHID: MILL.0000398102
 Spouse Name : MR. ROOP NARAYAN BAJPAYI Sex : Female
 Address : para area Lucknow Uttar Pradesh India 226017, CellNo:91-9569577159
 OP Number: MILLOPP1464147
 Pan Number:

Doctor's Name : CoC Self Bill No : MILL-OCS-1222211
 Speciality : Date : 29-Jun-23 Time : 14:45:20

Bill Amount: ₹. 2,160.00 FOR APOLLO HOSPITALS
 Amount in words: ₹ Two Thousand One Hundred Sixty Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Blood Bank Procedure(999311)					
1	TRANSFER BOX	Blood Bank	1	60.00	0.00	60.00
					Sub Total	60.00
2	Profile(999311)					
1	PACKED CELLS - BLOOD UNITS	Blood Bank - 1 Products	1	2,000.00	0.00	2,000.00
					Sub Total	2,000.00
3	Registration(999311)					
1	UHID Registration	Registration	1	100.00	0.00	100.00
					Sub Total	100.00

Service Amount :	2,160.00
Total Bill Amount	2,160.00
Final Payment (Cash:0.00, NonCash:2,160.00)	2,160.00

No Tax is Payable on Reverse Charge Basis
 Receipt Details: Received with thanks sum of ₹. 2,160.00 (TRAVELLERS CHEQUE)
 ₹ Two Thousand One Hundred Sixty Only From Mrs. KAMLA DEVI

* Denotes Cancelled Services Authorized Signatory
 (QR) Denotes Quick Registration
 Ms. TANYA SRIVASTAVA
 Cashier

Online Payment access- <https://pay.apollohospitals.com>



Name : Mrs. KAMLA DEVI

OP Number: MILLOPP1464147

Bill No: MILL-OCS-1222211

Package Information

S.No	Service Type/Service Name	Department
1	PACKED CELLS - BLOOD UNITS	
1	Antibody Screening (Donor)	Blood Bank - 2 Services
2	Bacterial Detection	Blood Bank - 2 Services
3	Grouping and Cross Matching By Automation	Blood Bank - 2 Services
4	IV Generation Elisa (HIV)	Blood Bank - 2 Services
5	Packed Red Blood Cells Processing Charges	Blood Bank - 2 Services

Note: Cancellation of individual test will not be refunded.



SKD Hospital (A Venture of SKD Group)

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

IPD Patient Discharge Summary

UHID: SKD-54659

OPID: OP.202306290009

IPNO: IP.2305957

Patient Name	: Mrs KAMLA DEVI	Age/Sex	: 78-Year Female
Patient Type	: General	Marital Status	: NA
Doctor	: Dr. Ashish Singh	Phone No	: 7880587866
Address:	: 545KA/ 110 NEW PARA LUCKNOW	Weight:	:
Allergy:	:	Bloog Group:	:
Date of Operation	: 30/06/2023	Next Follow Up:	: 11/07/2023
Discharge Status	Normal Discharge		

D.O.A: 29/06/2023 11:29

D.O.D: 02/07/2023 15:44:00

Medication (On Discharge):

RX-

INJ TAZAR 4.5 GM IV WITH 100ML NS 8 HOURLY FOR 3 DAYS

INJ AMITEX 500 MG IV 24 HOURLY FOR 3 DAYS

TAB AUGMENTIN 1 GM 12 HOURLY START AFTER 3 DAY S

TAB LINID 600 MG 12 HOURLY

TAB ULTRACET 12 HOURLY

TAB REBAZ D 12 HOURLY

TAB PROTEAZ 12 HOURLY

TAB OSMET HD 12 HOURLY

CAP DV 60 (ONCE WEEKLY)

TAB OROFER XT 12 HOURLY

TAB ECOSPRIN AV 75 /10 MG IN NIGHT

ALL MEDICINE FOR 10 DAYS

Case Summary :

NO ANY H/O- PAST ILLNESS

Reason for Admission:

FALL FROM CHAIR ON 25/06/023

PAIN WITH SWELLING IN LEFT THIGH X2 DAYS POST FALL

GENERA L WEAKNESS .

UNABLE TO WALK AND STAND

Clinical Findings (On discharge):

VITAL STABLE

Investigation Results:

ATTECHED

Diagnosis:

FRACTURE I/T LEFT HIP

Treatment/Procedure Summary:

PFN NAILING (T.T) LEFT FEMUR UNDER S.A.B ON 30/06/23

Advice On Discharge:

BED REST AS ADVISED , BLADDER BOWEL CARE ON BED , NO WALKING , NO WEIGHT BEARING , DRESSING AS ADVISED

Remark:

NA

Follow up advice: AFTER 10 DAYS

How and when to obtain urgent care: IF PAIN AND SWELLING PERSIST

Generated By : DR ALOK MAURYA

Generated On : 02/07/2023 12:35:00 PM

DR ASHISH SINGH (MS ORTHO)

Consultant Incharge

"डिस्चार्ज की दवाई मेडिकल स्टोर से लेने के बाद डॉक्टर को दिखाने के बाद ही खायें,
अन्यथा जिम्मेदारी आप की होगी।"

22



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

Deposit Receipt

REC NO: 1335	UHID: SKD-54659	IPNO: IP.2305957
Name: Mrs KAMLA DEVI	OPID: OP.202306290009	Patient Type: General
Mobile: 7880587866	Age: 78-Year Female	Doctor: Dr. Ashish Singh
Ward: GENERAL WARD FEMALE	Room: 4	

ReceiptNo	Date	Deposit Amount
IPD\Deposit\ 1335	02 Jul 2023 15:15	15000.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees Fifteen Thousand Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

Generated By: ADITYA (FOE)



For SKD Hospital

Authorised Signatory:

21



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

OPD BILL SLIP

UHID :SKD-54659	OPID :OP.202306290009	Bill No :OPB/2324/5750
Date :02/07/2023	Doctor : Dr. Ashish Singh	Name : Mrs KAMLA DEVI
Age-Sex : 78 Y[Female]	Contact : 7880587866	Patient Type : General
REC NO : 79657		

S.no	Service/Investigation Name	Qty	Amount	Discount	Net Amount
1	AMBULANCE CHARGES	1	2000.00	500.00	1500.00

Actual Bill Amount:Rs 2,000.00

Net Disc:Rs 500.00

Net Amount:Rs 1,500.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees One Thousand Five Hundred Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

Generated By: archana

For SKD Hospital

Authorised Signatory:



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012

SKD MEDICAL STORE

KBC-27, SECTOR-B, OPP. PHOENIX MALL, KANPUR ROAD, ALAMBAGH LUCKNOW-23

Phone: Email:

Drg.Lic.: UP32200003240

UP32210003235

GSTIN: 09NGMPS5709D1ZQ

Buyer's Details

KAMLA DEVI

Uttar Pradesh

Mob.:

INV. NO. : SA-09563 CASH

Date : 02/07/2023

Time : 14:10:01

DR Name : SKD HOSPITAL

DRUG REG NO :

HSN Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
3619	FRIENDS ADULT DAIPERS L	1*2	3004		140.00	1.00	140.00	0	140.00	12



Tax Detail: (BV:125 SGST 6%=7.5 CGST 6%=7.5)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+/-)	CN/DN Amt	Net Bill Value
140.00	0.00	0.00	140.00	7.50	7.50	0.00	0.00	140.00

Rupees One Hundred forty Only

Goods once sold will not be taken back
Subject to LUCKNOW Jurisdiction only.

Pre-Authenticated By
For SKD MEDICAL STORE

Authorised Signatory

SKD MEDICAL STORE

KBC-27, SECTOR-B, OPP. PHOENIX MALL, KANPUR ROAD, ALAMBAGH LUCKNOW-23

Phone: Email:

Drq.Lic.: UP32200003240

UP32210003235

GSTIN: 09NGMPS5709D1ZQ

Buyer's Details

KAMLA DEVI

Uttar Pradesh

Mob.:

INV. NO. : **SA-09573** CASH

Date : **02/07/2023**

Time : 16:03:05

DR Name : SKD HOSPITAL

DRUG REG NO :

Item Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
3004	AMIJECT 500GM INJ	1*1	L072093	08/24	110.00	3.00	110.00	0	330.00	5
3004	TAZACT 4.5GM INJ	1PACK	C2VBF6	01/25	398.95	9.00	398.95	0	3590.55	12
3018	DISPOVAN SYRING 10ML	1*1	321105NB1	04/28	10.00	10.00	10.00	0	100.00	12
3004	OROFER XT TAB	1*10	ELR8AC3014	01/25	189.45	20.00	189.45	0	378.90	12
300490	DV60K	1*8	22510398	06/24	275.70	2.00	275.70	0	68.93	12
3004	NS 100ML	1	N1QA156	04/25	22.03	9.00	22.03	0	198.27	12
3004	ULTRACET TAB	1*15	J11234	02/25	261.00	20.00	261.00	0	348.00	12
3015	SURGICARE GLOVES NO-7.5	1*1	22L0553K	11/27	88.00	1.00	88.00	0	88.00	12
3011030	CLAVIDIN XR	1*10	UPA03004	06/24	541.70	15.00	541.70	0	812.55	12
3004	ENZOL DSR CAP	1*10	JMC2302515	01/25	99.00	20.00	99.00	0	198.00	12
3004	OSMET HD	1*10	T23C758A	08/24	129.00	20.00	129.00	0	258.00	12
3004	PROTEAZ TAB	1*10	NBT23003	06/24	250.00	20.00	250.00	0	500.00	12
3004	ECOSPRIN AV 75MG TAB	1*15	IF23B087	08/24	60.65	10.00	60.65	0	40.43	12
3004	LINID 600	1-10	I301067	03/25	399.39	20.00	399.39	0	798.78	12

Tax Detail: (BV:313.88 SGST 2.5%=7.85 CGST 2.5%=7.85)(BV:6581.09 SGST 6%=394.86 CGST 6%=394.86)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+/-)	CN/DN Amt	Net Bill Value
7710.41	10.00	0.00	7710.41	402.71	402.71	-0.41	0.00	7700.00

Sepees Seven Thousand Seven Hundred Only

Goods once sold will not be taken back
Subject to LUCKNOW Jurisdiction only.

Pre-Authenticated By
For SKD MEDICAL STORE

Authorised Signatory



ESSENTIALITY CERTIFICATE
CERTIFICATE 'A'

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

Certificate granted to Mr./Mrs./Miss Wife/Son/Daughter
of Mr. Employed in the

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

I Dr. Dr. Dshish Singh hereby certify:-

- (a) that, I charged and received Rs..... for consultations on (date to be given) at my consulting room/at the residence of the patient.
- (b) that, I charged and received Rs..... for administering intra-muscular injections/sub-cutaneous on (date to be given) at my consulting room/at the residence of the patient.
- (c) that, the injections administered were for/were not immunizing or prophylactic purposes.
- (d) that, the patient has been under treatment at hospital / my consulting room 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 the hospital) to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Prices
1.	12568/-
2.
3.
4.

- (e) that, the patient is/was suffering from Pain with SWELLING IN left thigh and is/was under my treatment from to
- (f) that the patient is/was not given prenatal or post-natal treatment.
- (g) that, the x-ray, laboratory, test etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (Name of hospital or laboratory).
- (h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.
- (i) that, the patient did not required/required hospitalization.

Place:
Dated:

Signature & Designation of the
Medical Officer and the hospital/
dispensary to which attached.

COUNTERSIGNED

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

Place:
Dated:

Medical Superintendent
..... hospital

प्रतिहस्तावृत्ति
रु०. 12568/-
अपराध प्रमाणित

Signature

अपर मुख्य चिकित्सा अधिकारी
प्रथम प्राधिकारी चिकित्सक प्रतिपूर्ति
नौराज



Calculation Memo / Details Vouchers

Patient Name Mrs. Kamla Devi Disease

Hospital/ Institution Name SKD Hospital

S. No.	Voucher No.	Date	Institution/ Chemist Name	Amount	Payable Amount	Non-Payable Amount
1	OPB/2324/694	11/07/23	SKD Hospital	400/-		
2	PB/2324/1740	11/07/23	SKD Hospital	1150/-		
3	OPB/2324/6219	11/07/23	SKD Hospital	600/-		
4	SA-10599	11/07/23	SKD Medical Store	1595/-		
5	SA-10600	11/07/23	SKD Medical Store	163/-		
6	OPB/2324/8908	16/08/23	SKD Hospital	400/-		
7	PB/2324/2558	16/08/23	SKD Hospital	1000/-		
8	OPB/2324/8920	16/08/23	SKD Hospital	600/-		
9	SA-15030	16/08/23	SKD Medical Store	1260/-		
10	OPB/2324/10548	07/09/23	SKD Hospital	400/-		
11	PB/2324/3146	07/09/23	SKD Hospital	1500/-		
12	OPB/2324/10555	07/09/23	SKD Hospital	1000/-		
13	SA-17729	07/09/23	SKD Medical Store	2500/-		
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Total Amount				12568/-		

(बारे हजार पॉन्व सौ उाढ़सठ) मात्र

Signature and Seal of Doctor



600

Dr. ASHISH SINGH

Clinical Director
M.B.B.S., M.S. (ORTHOPAEDICS)
CLINICAL ATTACHMENT (ENGLAND)
EX. S.R. SIR GANGA RAM HOSPITAL, NEW DELHI
FELLOW IN JOINT REPLACEMENT
(LILAVATI & BREACH CANDY HOSPITAL, MUMBAI)
EX. CHIEF RESIDENT K.G.M.U., LUCKNOW.
REGN. NO. 044484



16
SKD HOSPITAL
(A Venture of SKD Group)
"Commitment to Health Care"



SPECIALIZATION

- JOINT REPLACEMENT
जोड़ प्रत्यारोपण
- ARTHROSCOPY
आर्थ्रोस्कोपी
- FRACTURE MANAGEMENT
फ्रैक्चर का इलाज
- SPORTS INJURIES
खेल सम्बन्धित चोटों से निजात
- ARTHRITIS TREATMENT
गठिया से निजात
- CHRONIC PAIN RELIEF
असाध्य दर्द से मुक्ति

UHID : SKD-54659
Name : Mrs KAMLA DEVI
Age : 78-Year Female
Mobile : 7880587866

OPID : OP.202307110009
Date : 11/07/2023
Time : 11:33:25
Panel : GENERAL

Ddx - 30/6/23
RFN (T.T)

Diagnosis :
Left FIT femur

Treatment :
R-Log # I/T left Femur

Vitals :
BP = 160/90 mmHg
PR = 112 bpm
SpO2 = 97%

Chief Complaints :

Examination :
Left Hip
High
Lateral

Investigation :
CBC, RBC
↓
42.34
Creatinine → 0.63
↓
3.40

Check Pain - 100

Check Orzolid SR (1200) 1HS x 10 days

Check Ultrason 150

Check Medical Bk

STAT A to 2102

Minerals D3 must 600 D1600

2/10/23



KBC-27, Sector-B, Opp. Phoenix Mall,
Kanpur Road, Alambagh, Lucknow-12 (U.P.)
E-mail : skdhospital@gmail.com
Ph.: 0522-4044111, 4021010, 7388526222

SKD HOSPITAL
KBC-27 Sector-B
Kanpur Road
C.P.D. Timings
Morning : 10 am to 1 pm
Evening : 6 pm to 8 pm
SUNDAY Evening Closed

⑦ Las Orosol XT / Perotop

⑧ Las Esospirin AV 1 HS

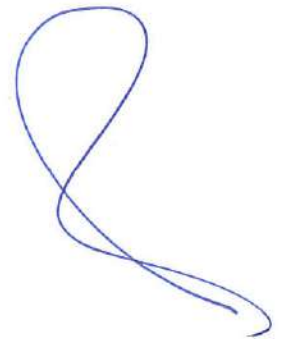
Bed Rest

No walking, (if stat stat stat)

⑨ Lyp Aptimust stat BD (1 hr before meals)

⑩ Discharge

X 1 month



13



SKD Hospital
KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222,
Email: skdhospital@gmail.com,Website: http://skdhospital.com
OPD Registration

Bill No : OPB/2324/6306
Patient Name : Mrs KAMLA DEVI 78-Year Female
Patient Type : GENERAL
Consultation For : Dr. Ashish Singh

UHID : SKD-54659
OPID : OP.202307110009
Date : 11/07/2023
Pay Mode : Paytm/Google Pay

Rupees Four Hundred Only

Amount Rs.400.00
Discount Rs.0.00
Amount Paid Rs.400.00
archana 11:33:25

(Authorised Signatory)



14



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

Pathology Bill Slip

UHID :SKD-54659	IPNO :NA	OPID :OP.202307110009
Date :11/07/2023	Doctor :Dr. Ashish Singh	Name :KAMLA DEVI
Age-Sex :78 Y[Female]	Mobile :7880587866	Patient Type :General
Bill No :PB/2324/1740	REC NO :22665	

S.no	Test Name	Qty	Charges	Amount
1	CBC	1	400.00	400.00
2	RBS	1	100.00	100.00
3	SERUM CREATININE	1	150.00	150.00
4	CRP (QUANTITATIVE)	1	500.00	500.00

Actual Bill Amount:Rs 1,150.00

Received Amount:Rs 1,150.00

Net Amount:Rs 1,150.00

Balance Amount:Rs 0.00

Paymode	Amount	Date
Paytm/Google Pay	1,150.00	11/07/2023 12:42

Amount in Words: Rupees One Thousand One Hundred Fifty Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:





SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
 Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

13

OPD BILL SLIP

UHID :SKD-54659	OPID :OP.202307110009	Bill No :OPB/2324/6319
Date :11/07/2023	Doctor : Dr. Ashish Singh	Name : Mrs KAMLA DEVI
Age-Sex : 78 Y[Female]	Contact : 7880587866	Patient Type : General
REC NO : 80226		

S.no	Service/Investigation Name	Qty	Amount	Net Amount
1	X-RAY HIP WITH THIGH AP/LAT	1	600.00	600.00

Actual Bill Amount:Rs 600.00

Net Amount:Rs 600.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees Six Hundred Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

For SKD Hospital

Generated By: ADITYA (FOE)

Authorised Signatory:



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
 Ph: 0522-4021010,0522-

RETAIL INVOI

12

ORIGINAL COPY

SKD MEDICAL STORE

KBC-27,SECTOR-B,OPP. PHOENIX MALL, KANPUR ROAD,ALAMBAGH LUCKNOW-23
 Phone: Email:

Drg.Lic.: UP32200003240
 UP32210003235
 GSTIN: 09NGMPS5709D1ZQ

Buyer's Details

KAMLA DEVI

Uttar Pradesh

Mob.:

INV. NO. : SA-10599 CASH

Date : 11/07/2023

Time : 12:55:49

DR Name : ASHISH SINGH

DRUG REG NO : 044484

7
1
2
1

HSN Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
05000099	ATOZ TAB ✓	1*15	22490941	04/24	141.00	10.00	141.00	0	94.00	18
30049039	PANTOP D SR ✓	1*15	SPASPA2300	12/24	210.00	10.00	210.00	0	140.00	12
3004	OROFER ✓ T TAB	1*10	E16GL23085	03/25	189.45	10.00	189.45	0	189.45	12
300490	DV60K ✓	1*8	22510398	06/24	275.70	2.00	275.70	0	68.93	12
3004	APTIMUST 200ML SYP ✓	1*1	A2ACM031	03/25	135.00	1.00	135.00	0	135.00	12
3004	ECOSPRIN AV 75MG TAB ✓	1*15	A9A23060	08/24	60.65	10.00	60.65	0	40.43	12
3004	GZOLID 1200 SR ✓	1*5	A03432301	01/25	523.55	10.00	523.55	0	1047.10	12



Tax Detail: (BV:1345.92 SGST 6%=80.76 CGST 6%=80.76)(BV:74.08 SGST 9%=6.67 CGST 9%=6.67)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+)	CN/DN Amt	Net Bill Value
1714.91	120.05	0.00	1594.86	87.43	87.43	0.14	0.00	1595.00

Rupees One Thousand Five Hundred Ninety-Five Only

Goods once sold will not be taken back
Subject to LUCKNOW Jurisdiction only.

Pre-Authenticated By
For SKD MEDICAL STORE

Authorised Signatory

RETAIL INVOI

11

ORIGINAL COPY

Drg.Lic.: UP32200003240
UP32210003235
GSTIN: 09NGMPS5709D1ZQ

SKD MEDICAL STORE

KBC-27,SECTOR-B,OPP. PHOENIX MALL, KANPUR ROAD,ALAMBAGH LUCKNOW-23
Phone: Email:

Buyer's Details
KAMILA DEVI

Uttar Pradesh

INV. I.O. : **SA-10600** CASH
Date : **11/07/2023**
Time : 12:57:54
DR Name : ASHISH SINGH
DRUG REG NO : 044484

Mob.:

HSN Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
3004	SHELCAL 500 TAB	1*15	GDXD0105	02/25	131.30	20.00	131.30	0	175.07	12



Tax Detail: (BV:145.38 SGST 6%=8.72 CGST 6%=8.72)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+/-)	CN/DN Amt	Net Bill Value
175.07	12.25	0.00	162.82	8.72	8.72	0.18	0.00	163.00

Rupees One Hundred Sixty-Three Only
Goods once sold will not be taken back
Subject to LUCKNOW Jurisdiction only.

Pre-Authenticated By
For SKD MEDICAL STORE
Authorised Signatory

600

10

Dr. ASHISH SINGH

Clinical Director

M.B.B.S., M.S. (ORTHOPAEDICS)
CLINICAL ATTACHMENT (ENGLAND)
EX. S.R. SIR GANGA RAM HOSPITAL, NEW DELHI
FELLOW IN JOINT REPLACEMENT
(LILAVATI & BREACH CANDY HOSPITAL, MUMBAI)
EX. CHIEF RESIDENT K.G.M.U., LUCKNOW.
REGN. NO. 044484



SKD HOSPITAL

(A Venture of SKD Group)

"Commitment to Health Care"



SPECIALIZATION

- JOINT REPLACEMENT
जोड़ प्रत्यारोपण
- ARTHROSCOPY
आर्थोस्कोपी
- FRACTURE MANAGEMENT
फ्रैक्चर का इलाज
- SPORTS INJURIES
खेल सम्बन्धित चोटों से निजात
- ARTHRITIS TREATMENT
गठिया से निजात
- CHRONIC PAIN RELIEF
असाध्य दर्द से मुक्ति

UHID : SKD-54659
Name : Mrs KAMLA DEVI
Age : 78-Year Female
Mobile: 7880587866

OPID : OP.202308160014
Date : 16/08/2023
Time : 12:26:12
Panel: GENERAL

D.O. & - 30/06/23

Diagnosis:
PAIN walking
(L-F)
(L-F) Femur.
Treatment:

IIT (L-F) Hip

Vitals:

CBC (W)
Sedimentation of A.I.
LFT (W)
RBS (W)
ESR 16 Rx

Chief Complaints:

Winged hip

Tab Troloxol - P Bx
Tab Zeral 100 Bx
Tab RDX Bx
Op DS must 60K (once weekly)
Tab Atenolol - D 70mg (once weekly)

Examination:

Investigation:

XRay (L-F) Hip - High AP Lateral

Ice fomentation
Walk & Waller
Physiotherapy of (L-F) leg. 15 day

Valid for 5 days



KBC-27, Sector-B, Opp. Phoenix Mall,
Kanpur Road, Alambagh, Lucknow-12 (U.P.)
E-mail : skdhospital@gmail.com
Ph.: 0522-4044111, 4021010, 7388526222

O.P.D. Timings

Morning : 10 am to 1 pm
Evening : 6 pm to 8 pm
SUNDAY Evening Closed

09

SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012

Ph: 0522-4021010,0522-4044111,7388526222,

Email: skdhospital@gmail.com,Website: http://skdhospital.com

OPD Registration

Bill No	: OPB/2324/8908	UHID	: SKD-54659
Patient Name	: Mrs KAMLA DEVI 78-Year Female	OPID	: OP.202308160014
Patient Type	: GENERAL	Date	: 16/08/2023
Consultation For	: Dr. Ashish Singh	Pay Mode	: Paytm/Google Pay

Rupees Only Hundred Only

Amount Rs 400.00
Discount Rs 0.00
Amount Paid Rs 400.00
ADITYA (PDR) 12:26:12

(Authorised Signatory)



08



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012

Ph: 0522-4021010,0522-

4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

Pathology Bill Slip

UHID	:SKD-54659	IPNO	:NA	OPID	:OP.202308160014
Date	:16/08/2023	Doctor	:Dr. Ashish Singh	Name	:KAMLA DEVI
Age-Sex	:78 Y[Female]	Mobile	:7880587866	Patient Type	: General
Bill No	:PB/2324/2554	REC NO	:23479		

S.no	Test Name	Qty	Charges	Amount
1	URINE R/M	1	100.00	100.00
2	CBC	1	400.00	400.00
3	LFT (LIVER FUNCTION TEST)	1	350.00	350.00
4	SERUM CREATININE	1	150.00	150.00

Actual Bill Amount:Rs 1,000.00

Received Amount:Rs 1,000.00

Net Amount:Rs 1,000.00

Balance Amount:Rs 0.00

Paymode	Amount	Date
Credit/Debit Card	1,000.00	16/08/2023 02:07



Amount in Words: Rupees One Thousand Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

OPD BILL SLIP

UHID :SKD-54659	OPID :OP.202308160014	Bill No :OPB/2324/8920
Date :16/08/2023	Doctor : Dr. Ashish Singh	Name : Mrs KAMLA DEVI
Age-Sex : 78 Y[Female]	Contact : 7880587866	Patient Type : General
REC NO : 85821		

S.no	Service/Investigation Name	Qty	Amount	Net Amount
1	X-RAY HIP WITH THIGH AP/LAT	1	600.00	600.00

Actual Bill Amount:Rs 600.00

Net Amount:Rs 600.00

Paymode	Amount
Cash	500.00
Paytm/Google Pay	100.00

Amount in Words: Rupees Six Hundred Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

For SKD Hospital

Generated By: PREETI

Authorised Signatory:



RETAIL INVOI

06

ORIGINAL COPY

SKD MEDICAL STORE

KBC-27,SECTOR-B,OPP. PHOENIX MALL, KANPUR ROAD,ALAMBAGH LUCKNOW-23
Phone: Email:

Drg.Lic.: UP32200003240
UP32210003235
GSTIN: 09NGMPS5709D1ZQ

Buyer's Details

KAMLA DEVI

Uttar Pradesh

Mob.:

INV. NO. : SA-15030 CASH

Date : 16/08/2023

Time : 14:40:28

DR Name : ASHISH SINGH

DRUG REG NO : 044484

HSN Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
3004	ZECAL -500	1*15	225440941	08/24	168.00	30.00	168.00	0	336.00	12
300490	DV60K	1*8	23510057	12/24	275.70	2.00	275.70	0	68.93	12
3004	ALENSOL D	1*4	MT231413	09/24	275.00	2.00	275.00	0	137.50	12
3004	RQD CAP	1*10	SPC-00268	04/25	109.00	30.00	109.00	0	327.00	12
300490	RAMCET D	1*10	SRMD3002	12/25	130.70	30.00	130.70	0	392.10	12



Tax Detail: (BV:1124.59 SGST 6%=67.47 CGST 6%=67.47)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+/-)	CN/DN Amt	Net Bill Value
1261.53	2.00	0.00	1261.53	67.47	67.47	0.47	0.00	1260.00

Rupees One Thousand Two Hundred Sixty Only

Goods once sold will not be taken back
Subject to LUCKNOW Jurisdiction only.

Pre-Authenticated By
For SKD MEDICAL STORE

Authorised Signatory

Dr. ASHISH SINGH

Clinical Director
 M.B.B.S., M.S. (ORTHOPAEDICS)
 CLINICAL ATTACHMENT (ENGLAND)
 EX. S.R. SIR GANGA RAM HOSPITAL, NEW DELHI
 FELLOW IN JOINT REPLACEMENT
 (LILAVATI & BREACH CANDY HOSPITAL, MUMBAI)
 EX. CHIEF RESIDENT K.G.M.U., LUCKNOW.
 REGN. NO. 044484



SKD HOSPITAL
 (A Venture of SKD Group)
 "Commitment to Health Care"



SPECIALIZATION

- JOINT REPLACEMENT
जोड़. प्रत्यारोपण
- ARTHROSCOPY
आर्थ्रोस्कोपी
- FRACTURE MANAGEMENT
फ्रैक्चर का इलाज
- SPORTS INJURIES
खेल सम्बन्धित चोटों से निजात
- ARTHRITIS TREATMENT
गठिया से निजात
- CHRONIC PAIN RELIEF
असाध्य दर्द से मुक्ति

UHID : SKD-54659
 Name : Mrs KAMLA DEVI
 Age : 78-Year Female
 Mobile : 7880587866

OPID : OP.202309070013
 Date : 07/09/2023
 Time : 12:49:54
 Panel : GENERAL

DOX → 30/6/23

Diagnosis :

Fuc of #ILT Lft Hip (Post OP. Hauling)
E LBA

Treatment :

Tab. Torimac MR 1x BD
 Tab. Aciloc 1x BD
 Tab. Calbona 1x BD
 Tab. Mugoal 1x OD
 Tab. Gabapm long 1x BD
 Tab. Uprise D36 (Once a Month)
 Tab. Alunsol D (70) (Once a week)
 Syp. Piclin 2TSP - HS (रत) (Empty stomach)
 Osteogonic Oil 4TSP
 Hot fomentation

Vitals :

Adm | CBC
 | Uric Acid
 | LFT
 | ~~RFT~~
 Chief Complaints: Chronic

Examination :

Investigation :

X-ray (L) Hip & thigh AP
 X-ray L-S Spine AP

Valid for 5 days



KBC-27, Sector-B, Opp. Phoenix Mall,
 Kanpur Road, Alambagh, Lucknow-226012
 E-mail : skdhospital@gmail.com
 Ph.: 0522-4044111, 4021010, 7388526222



O.P.D. Timings

Morning : 10 am to 1 pm
 Evening : 6 pm to 8 pm
SUNDAY Evening Closed

04



SKD Hospital
 KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
 Ph: 0522-4021010,0522-4044111,7388526222,
 Email: skdhospital@gmail.com,Website: http://skdhospital.com
OPD Registration

Bill No : OPB/2324/10548 **UHID** : SKD-54659
Patient Name : Mrs KAMLA DEVI 78-Year Female **OPID** : OP.202309070013
Patient Type : GENERAL **Date** : 07/09/2023
Consultation For : Dr. Ashish Singh **Pay Mode** : Cash

Rupees Four Hundred Only

Amount Rs.400.00
Discount Rs.0.00
Amount Paid Rs.400.00
 ADITYA (FOE) 12:49:54

(Authorised Signatory)



03



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
 Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

Pathology Bill Slip

UHID :SKD-54659	IPNO :NA	OPID :OP.202309070013
Date :07/09/2023	Doctor :Dr. Ashish Singh	Name :KAMLA DEVI
Age-Sex :78 Y[Female]	Mobile :7880587866	Patient Type : General
Bill No :PB/2324/3146	REC NO :24071	

S.no	Test Name	Qty	Charges	Discount	Amount
1	URINE CULTURE	1	700.00	82.32	617.68
2	URINE R/M	1	100.00	11.76	88.24
3	CBC	1	400.00	47.04	352.96
4	LFT (LIVER FUNCTION TEST)	1	350.00	41.16	308.84
5	SERUM CREATININE	1	150.00	17.64	132.36

Actual Bill Amount:Rs 1,700.00
Received Amount:Rs 1,500.00

Net Disc:Rs 200.00

Net Amount:Rs 1,500.00
Balance Amount:Rs 0.00

Paymode	Amount	Date
Paytm/Google Pay	1,500.00	07/09/2023 02:01

Amount in Words: Rupees One Thousand Five Hundred Only

All disputes subject to Lucknow Jurisdiction only.



02



SKD Hospital

KBC-27 Opp. Phoenix Mall, Sector B Road, Lucknow, Uttar Pradesh 226012
Ph: 0522-4021010,0522-4044111,7388526222, Email: skdhospital@gmail.com, Website: http://skdhospital.com

OPD BILL SLIP

UHID :SKD-54659	OPID :OP.202309070013	Bill No :OPB/2324/10555
Date :07/09/2023	Doctor : Dr. Ashish Singh	Name : Mrs KAMLA DEVI
Age-Sex : 78 Y[Female]	Contact : 7880587866	Patient Type : General
REC NO : 89452		

S.no	Service/Investigation Name	Qty	Amount	Discount	Net Amount
1	X-RAY HIP WITH THIGH AP/LAT	1	600.00	100.00	500.00
2	X-RAY L-S SPINE AP/LAT	1	600.00	100.00	500.00

Actual Bill Amount:Rs 1,200.00

Net Disc:Rs 200.00

Net Amount:Rs 1,000.00

Pay Mode: Paytm/Google Pay

Amount in Words: Rupees One Thousand Only

All disputes subject to Lucknow Jurisdiction only.

Pre-Authenticated By:

For SKD Hospital

Generated By: ADMIN



For SKD Hospital

Authorised Signatory:



SKD Hospital

SKD MEDICAL STORE

KBC-27,SECTOR-B,OPP. PHOENIX MALL, KANPUR ROAD,ALAMBAGH LUCKNOW-23

Phone: Email:

Drg.Lic.: UP32200003240

UP32210003235

GSTIN: 09NGMPS5709D1ZQ

Buyer's Details

KAMLA DEVI**Uttar Pradesh**INV. NO. : **SA-17729** CASHDate : **07/09/2023**

Time : 14:25:02

DR Name : ASHISH SINGH

DRUG REG NO : 044484

Mob.:

HSN Code	Item Name	Pack	Batch No	Exp	M.R.P	Qty	Rate	Ds%	Amount	GST%
3004	ACILOC 150 TAB	1*30	LD23288	11/25	44.85	30.00	44.85	0	44.85	12
3004	OVIN D3 60K	1*8	23510213	03/25	275.70	2.00	275.70	0	68.93	12
3004	GABAPIN 100 TAB	15	N2301196	03/25	142.00	30.00	142.00	0	284.00	12
3004	ALENSOL D	1*4	MT232284	11/24	275.00	2.00	275.00	0	137.50	12
3004	PICLIN SYP	100ML	P2ATR012	05/24	198.00	1.00	198.00	0	198.00	12
3004	NUGOLD CAP	1*10	S230592	09/24	119.00	15.00	119.00	0	178.50	12
3004	OSTEOGESIC OIL	1*1	23111	05/25	215.00	1.00	215.00	0	215.00	12
3004	CALBONA CAP	1*10	SPSG-00400	04/25	209.00	30.00	209.00	0	627.00	12
3004	TORIMAC MR	1*10	TG23-1159	05/25	250.00	30.00	250.00	0	750.00	12

Tax Detail: (BV:2231.95 SGST 6%=133.92 CGST 6%=133.92)

Sub Total	Cash Disc	Scheme	Taxable Amt	SGST Amt.	CGST Amt	Other(+/-)	CN/DN Amt	Net Bill Value
2503.78	4.00	0.00	2503.78	133.92	133.92	0.22	0.00	2500.00

Rupees Two Thousand Five Hundred Only

Goods once sold will not be taken back
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