

26.03.2021

EMERGENCY CERTIFICATE

This is to certify that Mr. Shoraj Singh, 73-year-old gentleman, s/o Late Mr. Balbeer Singh, R/o Village Siwaya, Post Modipuram, Meerut was diagnosed with **Squamous Carcinoma Right Tonsil with Bilateral Neck Nodes**. He was started on chemo-radiation therapy in emergency on 26.03.2021.



Dr. Amit Jain MD DNB (Oncologist)

Dr. Amit Jain

MD DNB (TMH Mumbai)
Consultant Radiation & Clinical Oncologist
Valentis Cancer Hospital, Meerut
Regd. No. FCI-21560

Department of Nuclear Medicine & Molecular Imaging

Abdomen-Pelvis:

Non-FDG avid/minimally avid small retroperitoneal lymph nodes are seen - physiological/reactive.

Normal FDG distribution is seen in the liver, spleen, rest of the gut and urinary system. No abnormal FDG uptake is noted in the rest of the abdomino-pelvic region.

Liver, gall bladder, spleen, stomach, adrenals, kidneys and pancreas appear unremarkable. No evidence of pancreatic mass, pancreatic calcification, enlargement, or dilated pancreatic duct noted.

Musculoskeletal System:

No suspicious lytic/sclerotic lesions noted in the skeleton. No abnormal FDG distribution is evident in the skeletal system.

IMPRESSION:

Scan features are suggestive of:

1. **Metabolically active soft tissue density lesion at right soft palate, uvula, right tonsil, right tonsillar groove and right oropharyngeal wall- likely neoplastic in nature.**
2. **Metabolically active bilateral level II cervical lymph nodes- likely metastasis.**
3. **FDG avid paratracheal and bilateral hilar lymph nodes- more likely infective in nature, however possibility of metastasis cannot be ruled out completely.**
4. **No evidence of any other metabolically active lesion in rest of the body.**

Please correlate.



Dr. Nitin Yadav

MBBS (KGMU), MD Nuclear Medicine (SGPGI)

Consultant.

Mob no. 9557893048

Department of Nuclear Medicine & Molecular Imaging

Name: Soraj Singh	Age/Sex: 73 Y/M	Patient ID/Hospital ID: V 01016046
Study: FDG PET-CT	Referred By: AIIMS, Rishikesh	Date: 18/03/2021

18F-FDG PET-CT (WHOLE BODY)

CLINICAL HISTORY: Carcinoma oropharynx, PET-CT for disease status.

PROTOCOL:

10 mCi of 18F-FDG was injected I.V. under standard precaution and patient preparations. After an uptake period of 60 minutes, CT acquisition was obtained followed by PET acquisition in 3D mode in a 16-slice PET-CT system (Discovery IQ). The study was acquired from vertex to mid-thigh. CT data were used for attenuation correction, scatter correction and anatomical correlation. Reconstructed images were projected in 3 axes for analysis. Blood sugar prior to FDG injection was 139 mg/dL. Serum creatinine was 0.8 mg/dL. Non-ionic iodinated intravenous contrast of 45 ml was used during the acquisition. Additional spot views or delayed views of appropriate regions were acquired if necessary.

SUVmax given in the report are in g/ml (standardized to lean body mass).

COMPARISON: None.

FINDINGS:

Head and Neck:

FDG avid soft tissue density lesion is noted at right soft palate, uvula, right tonsil, right tonsillar groove and right oropharyngeal wall, lesion measuring 2.9 x 3.1 x 4.8 cm (SUV max-20.0).

FDG avid bilateral level II cervical lymph nodes are noted, largest measuring 1.1 x 1.1 cm at left level II region (SUV max-5.7).

Normal physiologic FDG distribution is seen in the head-neck region.

Visualized paranasal sinuses, orbits and skull base appear normal. The nasopharynx, suprahyoid-infrahyoid neck, thyroid, vascular structures and thoracic inlet do not show any obvious abnormality.

Thorax:

FDG avid paratracheal and bilateral hilar lymph nodes are noted, largest measuring 1.3 x 1.2 cm (SUV max-4.2).

Physiological FDG distribution is seen in the myocardium. No abnormal FDG uptake noted in the rest of the thorax. Large airways and vessels are within normal limits. The heart appears normal in size. There is no pericardial effusion.

All India Institute of Medical Sciences
Rishikesh
Department of Pathology and Lab Medicine

HISTOPATHOLOGY REPORT FORM

Date of Receiving: 22.02.2021

CR. Number: 2021 0016468

Histopathology Number: S-963/21

Ward & Bed No. (For IP): OPD

Routine/ Frozen Section

Patient's name: Soraj Singh

Age: 73 years Gender: Male

Referring Department/Unit: ENT

Referring Consultant: Dr. M. Malhotra

Specimen sent: Specimen from lesion

Clinical Diagnosis: ?Malignancy oropharynx

Gross:

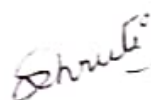
Received multiple grey white soft tissue bits altogether measuring 1 x 0.7 x 0.3 cm. All embedded as A1.

Microscopy:

Section displays bits of tumor tissue composed of sheets of a malignant squamous cells. These cells exhibit mild to moderate anisonucleosis, vesicular chromation, prominent nucleoli and moderate to abundant eosinophilic cytoplasm with intracytoplasmic keratinisation at places. Few keratin pearls are noted.

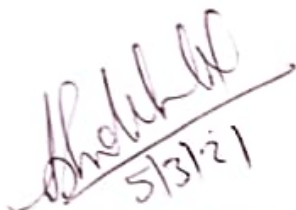
Diagnosis:

Specimen from lesion: Features are of Moderately differentiated squamous cell carcinoma.



Dr. Shruti Agrawal

Senior Resident



Dr. Ashok Singh

Assistant Professor



Dr. Sanjeev Kishore

Professor & Head

Date of Reporting: 04.03.2021

CASH BILL (OP)

Mr. SHUBRAJ SINGH
 33 Y M
 VILL-SIWAYA
 APTER-1 LITLAR PRADSHI
 Laboratory
 GENERAL
 1018840484480

Bill No. 88021772
 Bill Date 21-05-2021
 MR No V01016046
 Visit ID OP021313
 Registered Date 21-05-2021 11:04
 GST No.

Charges	Code	Head	Description	Rate	Unit	Disc	Amount
Services & Procedures			Bytes Tube Aspiration	500.00	1.00	0.00	500.00
Bill Amount:							500.00

Payments	Receipt No	Mode	Card Type	Bank	Reference No	Amount
Settlement	817027000	Cash				500.00
Net Payments:						500.00

Received with thanks: Five Hundred Rupees only

Signature
 (Shivani)



Dr. Anil Jais

MD. ANIL JAIS
 MD. OPD. CIVIL SURGEON
 M.B.B.S. (GENERAL) - 1988
 M.D. (GENERAL) - 1991
 M.D. (SURGERY) - 1994
 M.D. (ONCOLOGY) - 1997
 M.D. (RADIOLOGY) - 2000
 M.D. (MEDICAL) - 2003
 M.D. (PALLIATIVE CARE) - 2006
 M.D. (HONORARY) - 2008
 M.D. (HONORARY) - 2010
 M.D. (HONORARY) - 2012
 M.D. (HONORARY) - 2014
 M.D. (HONORARY) - 2016
 M.D. (HONORARY) - 2018
 M.D. (HONORARY) - 2020



Valentis Cancer Hospital

Valentis Cancer Hospital
Mussoorie, Mawana Road, Meerut (U.P.), INDIA
Phone : +91-121-2887700, 2887800, 2887900
Fax : +91-121-2887700, 2887800, 2887900
info@valentiscancerhospital.org
www.valentiscancerhospital.org

Final Bill

Patient Name: Mr. SHORAJ SINGH
Age/Gender: 73Y / M
Address: Vill. SIWAYA
Location: MEERUT, UTTAR PRADESH
Doctor:
Referrer Number: 0
Relationship:
Card Number:
Card Holder Name:

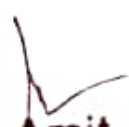
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Bill Date: 06-05-2021
UHID: V01016046
Visit ID: OP019328
Registered Date: 26-03-2021 16:49

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26-03-2021		service	[GRT(Image guided radiotherapy) [CGHS] 1264.	147,016.00	1.00	0.00	147,016.00
26-03-2021		service	3 D Planning [CGHS] 1259,	4,888.00	1.00	0.00	4,888.00
Sub Total:							151,904.00
Bill Amount: 0.00							151,904.00

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06-05-2021	RC027159	Debit Card		SBI BANK	3124	50,000.00
Advance						50,000.00
13-04-2021	RC025903	Cash				50,000.00
Advance						50,000.00
26-03-2021	RC025023	Cash				50,000.00
Advance						50,000.00
05-05-2021	RC027100	Cash				
Net Payments:						151,904.00

Bill Summary

Total Bill Amount	151,904.00
Less Net Payments	151,904.00
Balance Due	0.00
Net Amt.	151,904.00
Less Patient Payments	151,904.00
Patient Due	0.00


Dr. Amit Jain
MD DNB, (TMN Mumbai)
Consultant Radiation & Clinical Oncologist
Valentis Cancer Hospital, Meerut
Regd. No. MCI-21580





Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012103001882	Reg. Date :	10 Mar 2021
Patient Name :	Mr. SORAJ SINGH	Report Date :	11 Mar 2021
Age/Sex :	73 YRS/MALE	Referred By :	SELF

NCCT + CECT NECK WITH CHEST

Protocol: Thin axial sections were taken in the neck and thorax region on a multi slice CT scanner from the base of skull to lower pole of kidneys with and without IV contrast (60 ml optiscan 350 ml) on multislice. Thereafter sagittal and coronal reconstructions were obtained for further references. The patient was observed for 1/2 hour post injection and left the centre in stable condition.

(pre-injection serum creatinine level is normal).

(H/o change in voice and pain in neck since 1 month. Previous MRI reveals mass in right aspect of oropharynx. Biopsy suggestive of moderately differentiated squamous cell carcinoma).

FINDINGS

Irregular polypoidal mildly enhancing soft tissue attenuating mass like thickening (size~32x32x51mm) is noted involving the right faucial tonsil, right postero-lateral aspect of tongue, right postero-lateral wall of oropharynx. The thickening is extending upto the right vallecula and also involving right lateral aspect of soft palate and free margin of epiglottis. There is resultant compromise of oropharyngeal airway.

Larynx appears normal. Laryngeal cartilage appears normal. Laryngeal spaces are normal. Muscles of mastication appear normal. Pterygoid plates are normal.

Nasopharynx appears normal. Para-pharyngeal spaces are well maintained.

Para nasal sinuses are normal. Mild hypertrophy of bilateral inferior turbinates is noted.

Both orbits and their contents are normal.

Carotid arteries and jugular veins appear normal.

Parotid glands, sub-mandibular glands reveal normal C.T. appearance. Trachea is normal. Neck musculature appears normal.

Thyroid gland reveals normal C.T. appearance.

Both mastoid air cells are normal. TM joints are normal. Faint lucency is seen surrounding the roots of few teeth in right lower jaw.

Infra-temporal fossae appear normal bilaterally.

Few level II lymphnodes are noted on right side, sized upto 15x10mm & 10x6mm, one of them showing necrosis. Few other left level II & bilateral level III lymphnodes are noted, sized upto 9x9mm.

Degenerative changes are seen in visualized spine with mildly reduced height of C6-C7 IV disc.

Dr. Sanjay Gupta,
MD (Radio-diagnosis)

Dr. Mukta Mital,
MD

Dr. Meena Bembli,
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.
Result Entered By : bhawna

Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012102002348	Reg. Date :	14 Feb 2021
Patient Name :	Mr. SORAJ SINGH	Report Date :	15 Feb 2021
Age/Sex :	73 YRS/MALE	Referred By :	Dr. RAJEEV JAIN M.B.B.S., D.L.O

Larynx, trachea and cervical esophagus appears unremarkable.

Bilateral parotid glands and submandibular glands are unremarkable.

Thyroid gland and cartilage appears unremarkable.

Bilateral carotid sheath and its content including major neck vessels shows normal flow voids.

Imaged brain parenchyma appears unremarkable.

Imaged bilateral lung apices appear unremarkable save for apical pleural thickening, fibrosis and emphysematous changes (as seen on limited CT-sections).

Background degenerative changes are seen in cervical spine. Disc bulges are seen from C3 to C6 levels, with mild central canal stenosis.

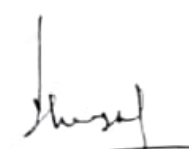
IMPRESSION: Present non-contrast MRI neck study shows:-

- Approximately 1.1 cm thick, proliferative, polypoidal soft tissue thickening involving right antero- & postero-lateral wall of oro-pharynx. It measures up to 5.2 cm in supero-inferior extent.
- Involving right faucial tonsillar pillar and bed; right half of soft palate up to uvula, with soft tissue hanging in the oro-pharynx. Extension to right glossotonsillar sulcus and involves up to 0.8 cm right postero-lateral margin of the adjacent tongue; to lateral wall of right vallecula (with some fluid in fossa) and hypo-pharyngeal airways. Overall mild compromise of oro- and hypo-pharyngeal airways is seen.
- Sub-centimetre size level-2 nodes.

Adv:

- a) Biopsy with histopathological examination is suggested.
- b) Comparison with previous imaged if available.

Dr. Sanjay Gupta,
MD (Radio-Diagnosis)
Mobile No. 9412201491


Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
Mobile No. 9997999516

Please correlate clinically
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Result Entered By : BHAWNA



PRIME HEALTHCARE

State of the art imaging and diagnostic centre in Rishikesh

A Unit of M. D. Enterprises

CT SCAN 64 SLICE, FLAT PANEL DR SYSTEM (Digital X-Ray), MRI 1.5 TESLA,
COLOR DOPPLER, ULTRA SOUND (3D, 4D), FULLY AUTOMATED PATHOLOGY LAB, TMT & ECG

PCPNDT. No. Appropriate Authority/DW/223 Date from 01-08-2016
Clinical Establishment Act No. DRA/CEA/PVT/41/OCT/2016 Date 07-10-2016

B. Date 22/03/2021

Name Mr. SORAJ SINGH

Age 73 Yrs.

Patient Id 2103223

Ref. By SELF

Sex M

Srl No. 3

UHID No.

Test Name	Value	Unit	Normal Value
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The common causes of prolonged Prothrombin Time are

Administration of oral anticoagulant drugs (Vitamin K antagonists)

1 Liver diseases - particularly obstructive

2 Vitamin K deficiency

3 DIC

4 Rarely a previously undagnosed Factor VII, X, and V or Prothrombin deficiency or defect

**** End Of Report ****

LAB HEAD

Page 2 of 2

Health Care Imaging Centre

43, Shival Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut, (U.P.)
Ph : 0121 2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Proton MR (only)
- Multi-Slice CT/MR C.T.
- 3D & 4D Ultrasound
- Digital D.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012102002348	Reg. Date :	14 Feb 2021
Patient Name :	Mr. SORAJ SINGH	Report Date :	15 Feb 2021
Age/Sex :	73 YRS/MALE	Referred By :	Dr. RAJEEV JAIN M.B.B.S., D.L.O

MRI NECK

PROCEDURE

Using cervical coils, serial sections of the neck have been studied from the base of the skull to the thoracic inlet using T1, T2, STIR sequences in axial, coronal and sagittal planes.

Clinical Profile:

H/o swelling in oro-pharynx.

FINDINGS:

Approximately 1.1 cm thick, T2/STIR hyperintense, proliferative, polypoidal soft tissue thickening is seen involving right antero- & postero-lateral wall of oro-pharynx as described below. It shows homogeneous hypointense signals on T1-w image and diffusion restriction. It measures up to 5.2 cm in supero-inferior extent.

- Soft tissue involves right faucial tonsillar pillar and bed; No extension to peri-tonsillar or right para-pharyngeal fat planes.
- Involvement of right half of soft palate up to uvula, with soft tissue hanging in the oro-pharynx.
- Extension to right glosso-tonsillar sulcus and involves up to 0.8 cm right postero-lateral margin of the adjacent tongue.
- Extension to lateral wall of right vallecula (with some fluid in fossa) and hypo-pharyngeal airways.
- Overall mild compromise of oro- and hypo-pharyngeal airways is seen.

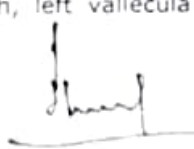
Sub-centimetre size level-2 nodes are seen.

Rest of the visualized supra- and imaged infra-hyoid neck spaces appear unremarkable.

Nasopharynx, nasal cavity, rest of the oropharynx and laryngopharynx appears unremarkable. Paranasal sinuses are patent.

Oral cavity, rest of the oral tongue, base of tongue, floor of mouth, left vallecula and epiglottis appear unremarkable.

Dr. Santjay Gupta,
MD (Radio-Diagnosis)
Mobile No. 9412201491


Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
Mobile No. 9997999516

Please correlate clinically

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Report Generated By: DRAWNA



PRIME HEALTHCARE

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CT SCAN 64 SLICE, FLAT PANEL D R SYSTEM (Digital X-Ray), MRI 1.5 TESLA,
COLOR DOPPLER, ULTRA SOUND (3D, 4D), FULLY AUTOMATED PATHOLOGY LAB, TMT & ECG

PCPNDT. No. Appropriate Authority/DM/223 Date from 01-08-2016
Clinical Establishment Act No. DRA/CEA/PVT/41/OCT/2016 Date 07-10-2016

B. Date	22/03/2021	Age	73 Yrs	Patient Id	2103223
Name	Mr. SORAJ SINGH	Sex	M	Srl No.	3
Ref. By	SELF			UHID No.	

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

HAEMATOLOGY

PROTHROMBIN TIME

Mean Normal Prothrombin Time	-	12.8	Sec
On Patients Blood	-	18.0	Sec
Prothrombin Ratio	-	1.4	
International Normalized Ratio (INR)	-	<u>1.4</u>	

Comments:

International Normalized Ratio(INR) is the most recommended method for monitoring of oral anticoagulants
 The dose of anticoagulant can be adjusted between the limits by two parallel biological assays
 1 Prothrombin time which explores the extrinsic coagulation pathway
 2 Activated partial thromboplastin time which takes into account any effect of deficiencies induced by the drug on the intrinsic pathway

Therapeutic Ranges:

INDICATION RECOMMENDED THERAPEUTIC RANGE (INR)

Deep vein thrombosis	2.0 - 3.0
Pulmonary embolism	
Arterial disease including Myocardial infarction	

Artificial cardiac valves	3.0 - 4.5
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Recurrent systemic embolism	
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Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi Slice Cardiac C.T
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012103001882	Reg. Date :	10 Mar 2021
Patient Name :	Mr. SORAJ SINGH	Report Date :	11 Mar 2021
Age/Sex :	73 YRS/MALE	Referred By :	SELF


IMPRESSION:


- Irregular polypoidal soft tissue attenuating mass like thickening (size ~32x32x51mm) involving the right faucial tonsil, right postero-lateral aspect of tongue, right postero-lateral wall of oropharynx, extending upto the right vallecula and also involving right lateral aspect of soft palate and free margin of epiglottis with resultant partial compromise of oropharyngeal airway-
- Few level II lymphnodes on right side, sized upto 15x10mm & 10x6mm, one of them showing necrosis. Few other left level II & bilateral level III lymphnodes, sized upto 9x9mm.

---Above findings suggest Neoplastic Etiology with nodal deposits.

- Emphysematous changes in both lung fields, showing mild upper lobe predominance with few small subpleural bullae.
- Few predominantly discrete mediastinal (para-tracheal, pre-vascular) and right hilar lymphnodes, sized upto 10x10mm.
- No obvious nodular lesion in both lung fields.

Note: USG neck film enclosed.


Dr. Sanjay Gupta,
MD (Radio-diagnosis)


Dr. Mukta Mittal,
MD

Dr. Meena Bambi,
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically
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Result Entered By : bhawna

CASH BILL (OP)

Name
Age/Gender
Address
Occupation
NICOP
Admission
Lab. Phn
Invoice Number

Mr. SHORAU SINGH
73 Y M
VELL-SWATA
MEERUT, UTTAR PRADESH

Laboratory
GENERAL
#48294848

Bill No
Bill Date
MR No
Visit ID
Registered Date

BN021900
24-05-2021
V0116346
QPN21414
24-05-2021 13:32

GST No

Charge	Code	Head	Description	Rate	Unit	Disc	Amount
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4-15-2021	17308	Lab Tests	Complete Haemogram/CBC	150.00	1.00	0.00	150.00
4-15-2021	17308	Lab Tests	Serum Creatinine	150.00	1.00	0.00	150.00
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4-15-2021	17308	Lab Tests	Serum Potassium				
Bill Amount:							850.00

Payments	Receipt No	Mode	Card Type	Bank	Reference No	Amount
Settlement						850.00
14-05-2021	RC128-46	Cash				
Net Payments:						850.00

Received with thanks: Eight Hundred Fifty Rupees only



Signature
(Shivan)

Dr. Amit Jain

MD, DM, MCh, FRCR
Consultant Radiation & Clinical Oncology
Mother's Cancer Hospital, Meerut
Phone No: 2401-2402

CASH BILL (OP)

Mr. SHORAJ SINGH
 73 Y M
 VILL-SIWAYA
 MEERUT, UTTAR PRADESH

Bill No: BN020295
 Bill Date: 14-04-2021
 MR No: V01016048
 Visit ID: OP020018
 Registered Date: 14-04-2021 09:57

Laboratory
GENERAL
 -9188394864410

GST No:

Charge	Order	Head	Description	Rate	Unit	Disc	Amount
Diagnosis	25493	Lab Test	Complete Haemogram/CBC	400.00	1.00	0.00	400.00
Bill Amount:							400.00
Payments	Receipt No	Mode	Card Type	Bank	Reference No	Amount	
Settlement	RC025968	Cash					400.00
Net Payments:							400.00

Received with thanks: Four Hundred Rupees only

Signature

(Shivani)



Dr. Amit Jain

MD DNB (T) Mumbai
 Consultant Radiation & Clinical Oncologist
 Valentis Cancer Hospital, Meerut
 Regd. No. MCI-2154

Patient Name: Mr. SHORAJ SINGH
Age/Gender: 73 / M
Address: VILL-SITWA VA
Location: MEERUT, UTTAR PRADESH
Doctor: Dr. Amit Jain
Referral Number:
Relationship:
Card Number:
Card Holder Name:

Final Bill
Bill No: BL010593
Bill Date: 13-04-2021
UHID: V01016046
Visit ID: IP065097
Admission Date: 07-04-2021 13:33
Discharge Date: 07-04-2021 14:00
Ward Bed: Day-Care Charges Less than One Hour/Day-Care Charges Less than One Hour/2

Charges	Code No	Head	Description	Rate	Qty	Disc	Amount
Doctor Charges							
(17-04-2021)		IP Doctor Visit	Dr. Amit Jain,	270.00	1.00	0.00	540.00
Sub Total:							540.00
Ward Charges							
(17-04-2021)		Bed Charge	Day-Care Charges Less than One Hour/2,	3,000.00	1.00	538.00	2,462.00
Sub Total:							3,000.00
Services & Procedures							
(17-04-2021)			Multiple drugs chemotherapy [CGHS] 1277,	828.00	1.00	0.00	828.00
(17-04-2021)			Targeted therapy [CGHS] 1278,	828.00	1.00	0.00	828.00
(17-04-2021)			PHARMACY CHARGES,	5,342.00	1.00	0.00	5,342.00
Sub Total:							6,998.00
Bill Amount:							538.00
10,538.00							

Payments	Receipt No	Mode	Card Type	Bank	Reference No	Amount
Advance						10,000.00
(17-04-2021)	R/0125620	Cash				
Net Payments:						10,000.00

Bill Summary		Amount
Total Bill Amount		10,000.00
Less Net Payments		10,000.00
Balance Due		0.00
Net Amt.		10,000.00
Less Patient Payments		10,000.00
Patient Due		0.00

Signature



Dr. Amit Jain
 MD DNB (FRM Mumbai)
 Consultant Radiation & Clinical Oncologist
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