### Proforma-I

Print Key: MzcwOTI4MDIyMDI0MDE1MA==

Inter district transfer of Judicial Officer

Remarks/assessment of Chief Medical Officer/Chief Medical
Superintendent along with verified/countersigned papers
1, Dr. At [Name] Kumel CMO/CMS. CHC Solombuhave perused the
documents presented before me by Sri SAKSHAM SHEKHAR (ID No UP3709 Designation Nyayadhikari,
Gram Nyayalaya, Deoria OR on his behalf by Sri
Phone No
I have personally examined Sri/Smt./Sushri. Keshov Not who is suffering from the
disease/syndrome/disability
may require frequent hospitalization for treatment/management.
of I also verify that Sri/Smt./Sushri. I also verify the disease/syndrome/disability/disorder Displays that Sri/Smt./Sushri. I also verify the disease/syndrome/disability/disorder Displays that Sri/Smt./Sushri. I also verify the disease is sushri. I also verify the disease is sushring the disease is su
mentioned at paragraph no of the Annexure-I enclosed herewith.
In my professional opinion and assessment, I am convinced that the treatment/management of the
above-mentioned disease/syndrome/ disability/disorder in paragraph two above is possible ONLY
at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
The treatment/management of the above-mentioned disease/syndrome/disability/disorder in
paragraph two above is also available at the districts namely
I am aware that this document may be presented by the competent authority/applicant for further
use by a competent Medical Board.
This document shall be valid only for O b months only.
Signature with seal
(C.M.Q./C.M.S.)
Name:
1DNO: U/M2-4861,0
and a land of the day
Designation: Supelum / Contient
Telephone No
Mobile No. 90990029 26

- 1. Concerned District Judges/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS
- 2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference

This document is printed on 28/02/2024 01:50:37, By IP Address: 114.31.129.123





### **Apollomedics Superspeciality Hospital**

Kanpur-Lucknow Road, Lucknow Phone No: 8429021617

Patient ID: 2023040178 Name: Mrs. ANITA SHEKHAR Age: 47 Y Sex: F Date: 15-Apr-2023 Hospital ID: 375260 Ref By: SELF Examined By: Dr. RAJIV RANJAN SINGH MD.DM. Study: UGIE



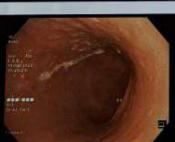






ESOPHAGO-GASTRO-DUODENOSCOPY

PROCEDURE:UPPER GI ENDOSCOPY
INSTRUMENT USED: OLYMPUS GIF-H190 WITH NBI
PREMEDICATION/ANAESTHESIA USED: XYLOCAINE
SPRAY
INFORMED CONSENT TAKEN



### ESOPHAGUS:

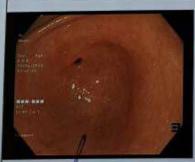
Normal mucosa

STOMACH: Fundus: Normal mucosa.

Body: Normal mucosa. Antrum: Normal mucosa. Pylorus: Normal mucosa.

DUODENUM:

First Part: Normal mucosa. Second Part: Normal mucosa.



IMPRESSION: Normal Study

DR. RAJIV RANJAN SINGH

DR. SUHANG VERMA M.D., D.M DR. JAYENDRA SHUKLA M.D., D.M GSTIN: 09AAGCM9435L1ZU

OP Cash Bill -Bill of Supply

Reference No :

Name

: Mrs. ANITA SHEKHAR

Age: 47Yr 8Mth 30Days

UHID: MILL 0000375260

Spouse Name : MR. KESHAV NATH

; paliya kala lakheempur kheeri

Sex: Female

OP Number: MILSAH23723

Pan Number:

Doctor's Name : Dr. Rajiv Ranjan Singh

Speciality

: GASTROENTEROLOGY

Bill No : MILL-OCS-1141284

Date : 14-Apr-23

Time: 15:44:54

Bill Amount: ₹. 7,000.00

Amount in words: ₹ Seven Thousand Only

FOR APOLLO HOSPITALS

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Health Checkup(999311)	115			- 5	
-1	Liver Check Pack - Essential	Apollo Health Check	11:	2,200.00	0.00	2,200.00
	THE RESIDENCE OF THE PARTY OF T		The state of the		Sub Total	2,200.00
2	Investigations(999311)	6	(			
1	VITAMIN D TOTAL(250H vitD3 and 250H vitD2)	BioChemistry	310	1,650.00	0.00	1,650.00
2	SERUM TSH: THYROID STIMULATING HORMONE	BioChemistry	1	400.00	0,00	400.00
3	SERUM VITAMIN B12	BioChemistry	1	1,650.00	0.00	1,650.00
	State of the state				Sub Total	3,700.00
3	Profile(999311)					
0	LIPID PROFILE TEST (Basic)	Wards Others	1	1,100.00	0.00	1,100.00
		The Commission of the	1		Sub Total	1,100.0







GSTIN: D9AAGCM9435L1ZU OP Cash Bill - Bill of Supply Reference No : : Mrs. ANITA SHEKHAR Age: 47Yr 8Mth 30Days UHID: MILL 0000375260 Sex: Female THE REPORT OF THE TAXABLE PARTY OF THE PARTY Spouse Name : MR KESHAV NATH Address : paliya kala lakheempur kheeri OP Number: MILLOPP1365119 Pan Number: Doctor's Name : Dr. Rajiv Ranjan Singh Bill No : MILL-OCS-1140413 Date : 14-Apr-23 Tir Time: 10:54:34 Speciality : GASTROENTEROLOGY | UNIVERSITY | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | BIII Amount: ₹. 800.00 FOR APOLLO HOSPITALS Amount in words: ₹ Eight Hundred Only S.No Service Type/Service Name Department Quantity Ref Tariff Dis(%) Amount (INR) Consultation(999311)
1 OP Consultation - First Visit Medical 700.00 0.00 700.00 Sub Total Registration(999311)
1 UHID Registration 700.00 Registration 100.00 0.00 100.00 Sub Total :01-74.5 Cg 100.00 B1-166104 way Service Amount : 800.00 Total Bill Amount 800.00 Final Payment (Cash:800.00, NonCash:0.00) 800.00 No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹, 800,00 (CASH) Fight Hundred Only From Mrs. ANITA SHEKHAR Dengtes Cancelled Services (QR) Denbtes Quick Registration **Authorized Signatory** MS. TANYA, SPIVASTAVA Cashie Online Payment access- https://pay.apoliohospitals.com Page 1 of 1

THIS OPD CONSULATION IS VAILD FOR 5 DAYS ONLY FOR ONE NEXT FOLLOW UP & BILL CANCELLATION CAN BE DONE ON SAME DAY.

ANY REFUND WILL BE INITIATED WITH YALID ID PROOF.

Thanks For Visit...



# APOLLOMEDICS INTERNATIONAL LIFESCIENCES LIMITED (FORMERLY KNOWN AS MEDICS INTERNATIONAL LIFESCIENCES LTD)

Address:- KBC 31, Sector B, LDA Colony Kanpur Road, Lucknow-226012

Phone No.:- 0522-6788888

Website:- lucknow.apollohospitals.com

Patient Name Age/Gender DL No. GSTIN \* CIN No: Treating Doctor

Ms Anita Shekar 47 Y,16 D/Female UP32-200005635/210005631 09AAGCM9435L1ZU U85191UP2011PLC043154 Dr Rajiv Ranjan Singh

Bill Number Bill Date Time Phone No. Payer Name Refer Type PRN NO.

PCS-143648 01-05-2023 09:32 PM 9140305243 CASH

PRN-64624

S. No.	Item Desc	HSN	Batch	Expiry	Unit Price	Qty	CGST%	SGST%	Amount	Location
1	SOMPRAZ IT TAB	30049034	SID3197A	30-06- 2024	24	20	6	6	480	R6,S5,B2
2	ACOGUT 100MG TAB 10'S	30049099	U202679	30-11- 2024	17.54	30	6	6	526.2	R1,S2,B4
3	LUMIA 60K CAPS	3004	GKD2115A	30-06- 2024	30.74	8/	6	6	245.92	R37,S8, B1 b
4	TRINEUROSOL-H 5ML	3004	TZE2015	31-08-	61.47	1/	6	6	61.47	R42,S8, B4 b
5	SYRINGE 2 ML WITH NEEDLE 22 GJ	3005	311021NJ2	29-02- 2028	4.95	3	6	6	14.85	R31,S1, B2

### Payment Details:

S.No.	Mode	Receipt Date Time	Transaction No	Amount	Transaction Type	
5110	Cach	01-05-2023 09-32 PM		1,328	Paid Settlement	

#### **GST Details:**

S.No.	Tax Percentage	Taxable Amount	PERSONAL PROPERTY.	Tax Amount
1	12	1,186,12	A CALL THE STATE OF	142.32

Total Amount 1328.44 Total SGST 71.16 Total CGST 71.16 Net Amount 1328.44 Round Off -.44 Recievef Amount 1328.00

Printed By Abhishek Kumar Pandey

Print Date & Time 01-05-2023 09:32 PM

Created By Abhishek/Kumar Pandey

- The OP Pharmacy shall ensure that No cut Strips is dispensed to OPD patient except "Scheduled X drug".
- Medicine shall be returned in proper condition and in full Strips within the 15 Days from the date of Original bill.
- Original bill copy must be produced at the time of medicine return.
- Controlled temperature items will not be returned in any condition.
- Surgical and Consumables items will not be taken back or exchanged after 7 Days from the date of purchase.
- · Items should be in Original seal Package.
- Please Collect your Bill and Medicine before leaving the counter.

(\*\*\*\*\*\*\*\*\* Electronically Generated Report \*\*\*\*\*\*\*\*\*)



Apollomedics Super Speciality Hospitals

A venture of Apollomedics International Lifesciences Limited RBC-11 Sec. B. LDA Colony, Kangur Road, Lucknow 225/012 w lucknow apollohospitals com 243/145/2006 0522 67 88 988 Ambulance 1800-419 1066



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cation

1.S6.B2

NAME Mr. Keshqumath

AGE- 6SY/M

11 Tabri (2013)

nol on Pp

( pyw ved x B)

\* not munique forther investigations

DATE- 10/11/23

TEMP- 96 SF

SPO2- 100 4.

PR- 6961~

BP- 134 103 mm/7

WT- 67 Kg

S5.B2

HT- 171.2cm

RBS. 315 mg/dl

ALC - 15.3

PH-11.

D. P. Zavomet Bus after So (500)

8) T. Amonyl 2 ng Box before g) P. Rosuvas 10 mg oo (agte due)

B) P D'abelli diet + omBG

Dfo I week " Lipid Profile · SGPT

Chief Consultant

**Associate Consultant** 

nt 305.40 ST 16.36 ST 16.36 nt 305.40 1 Off - 40 nt 305.00

> eated By a Kumar

from The Desk of the Department of Endocrinology or Mayank Somani - MD & CEO (MD, MRCP, FCCP) or Nishchitha K (MD, DM)

हमारे यहाँ समस्त बांढ व दवाये सभी डॉक्टरों द्वारा स्वीकृत एवं विश्यसनीय कंपनी की है। कोई दवा/बांड उपलब्ध न होने की स्थिति में किसी अन्य कंपनी की दवा ली जा सकती है

### Dr. Abhishek Verma

**Outpatient Summary and Prescription** 

PULMONOLOGY

Mr. KESHAVNATH .

UHID: MILL.0000440189

Male, DOB : 16-FEB-1958(65Y 8M 24D)

OP Number - Visit ID : OP8811271-1 Visit Date : 09-Nov-2023

Address Ajeet nagar Patihan Road Paliya Lakhimpur Kheeri Lucknow Lucknow 262902 Uttar

Pradesh India Phone: 91-8840988417

Allergy :- No Known Allergy

CHIEF COMPLAINTS

Loss of weight Constipation

CURRENT MEDICATION

k c/o T2DM- on ayurvedic medications

PSYCHOLOGICAL ASSESSMENT

Normal

**FUNCTIONAL STATUS** 

Independent

NUTRITIONAL ASSESSMENT

Normal

SPIRITUAL/CULTURAL CONSIDERATIONS

Has Religious Belief

SOCIO-ECONOMIC STATUS

Medium

VITALS

: 98.40 F Temperature : 68 /min

Pulse Rate : 184/83 mmHg

: 20 /mt Resp Rate : 100 % SpO2

: 67.80 Kg Weight

Pain Score : 0

PHYSICAL EXAMINATION

CHEST- B/L VBS+NT

DIAGNOSIS:

1 . T2 diabetes mellitus

TESTS / PROCEDURES ADVISED:

X-RAY CHEST PA

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

THYROID PROFILE BASIC

Printed By:726069

Printed Date & Time:

09-Nov-2023

10:16

Page 1 of 2

(09-Nov-2023 10:04 AM)

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# APOLLOMEDICS INTERNATIONAL LIFESCIENCES LIMITED (FORMERLY KNOWN AS MEDICS INTERNATIONAL LIFESCIENCES LTD)

Address:- KBC 31, Sector B, LDA Colony Kanpur Road, Lucknow-226012

Phone No.:- 0522-6788888

Website:- lucknow.apollohospitals.com

Patient Name Age/Gender DL No. GSTIN CIN No: Treating Doctor Mr Kashavnath 65 Y/Male UP32-20000\$635/210005631 09AAGCM9435L1ZU U85191UP2011PLC043154 Dr Mayank Somani

Bill Number Bill Date Time Phone No. Payer Name Refer Type PRN NO.

PCS-238730 10-11-2023 12:31 PM 8840988417 CASH

Tax Amount

PRN-101237

#### Tax Invoice

S.	Item Desc	HSN	Batch	Expiry	Unit Price	Qty	CGST%	SGST%	Amount	Location
No.	AMARYL 2MG TAB	30043190	3NG031	30-06- 2026	6.48	30	6	6	194.4	R1,S5,B2
2	ZAVAMET 500/50MG TAB 10'S	3004 🌼	N2302607	31-08- 2025	11,1	10	6	6	111	R7,S6,B2

### Payment Details:

	Made	Receipt Date Time	Transaction No	Amount	Transaction Type
S.No.	Mode			305	Paid Settlement
1	Cash	10-11-2023 12:31 PM		303	

### GST Details:

S.No.	Tax Percentage	Taxable Amount	32.72
1	12	272.68	Total Amount 305.40
			Total SGST 16.36
			Total CGST 16.36
			The state of the s

Net Amount 305.40 Round Off - 40 Recieved Amount 305.00

Printed By Aniruddha Kumar

Print Date & Time 10-11-2023 12:31 PM

Created By Anicuddha Kumar

- The OP Pharmacy shall ensure that No cut Strips is dispensed to OPD patient except "Scheduled X drug".
- Medicine shall be returned in proper condition and in full Strips within the 15 Days from the date of Original bill.
- Original bill copy must be produced at the time of medicine return.
- Controlled temperature items will not be returned in any condition.
- Surgical and Consumables items will not be taken back or exchanged after 7 Days from the date of purchase.
- Items should be in Original seal Package.
- Please Collect your Bill and Medicine before leaving the counter.

(\*\*\*\*\*\* Electronically Generated Report \*

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cation

S5,B2 LS6,B2

at 305.40 ST 16.36

ST 16.36 at 305.40

1 Off - 40 at 305.00

eated By a Kumar

112

AH-QF-RD-04

### DEPARTMENT OF RADIOLOGY

Patient's Details

: Mr. KESHAVNATH .

| M | 65 Years

UHID

: MILL.0000440189

Ward/Bed No. : OP /

LP.No./Bill No.

: MILLOPP1654951

DRN

: 123635219

Received on : 09-Nov-2023

Referring Doctor

: Abhishek Verma

Reported On

: 10-Nov-2023 8:14:09

### X - RAY : CHEST (PA)

### FINDINGS & IMPRESSION-

- Lung fields are clear.
- Both CP angles are grossly normal.
- Both hila appear normal.
- No evidence of midline shift seen,
- Cardiac size is normal.

Please correlate clinically.

--- END OF THE REPORT---

Dr. Virendra Shukla Clinical associate DN8 (Radiodiagnosis)

Printed On:

Printed By:

Reported By: 726789

Page 1 of 1

### **Apollomedics Super Speciality Hospitals**

A Venture of Apollomedics International Lifesciences Limited (formerly known as Medics International Lifesciences Limited) KBC-31, Sector-B, LDA Colony, Kanpur Road, Lucknow - 226012, UP, India Helpline No: 1800 419 1066 t +91 522 67 88 888 w lucknow.apollohospitals.com

CIN No. U85191UP2011PLC043154



#### Apollomedics Super Speciality Hospitals

0522 07 011 018 FOCHEMISTRY 110 106

A venture of Medics International Lifesciences Limited KBC 31, Sec -B, LDA Colony, Kanpur Road, Lucknow - 226012 w tucknow apolichospitals.com



MITED

Mr. KESHAVNATH .

Age : 65Yr 8Mth 24Days

Gender : Male

UHID

: MILL.0000440189 / MILLOPP1654951

SIN \ LRN : 42958493 \ 42958492 \ 14173749

W/BNo/RefNo : OP

cation

S5.B2

S6.B2

11 305.40 ST 16.36

ST 16.30 at 305.40 1 Off -.40

at 305.00

rated By

a Kumar

Ref Doctor

: Dr. Abhishek Verma

: Serum

00.00

0.00

. 09-NOV-2023 11:26:21 AM Reported on

- 09-NOV-2023 12:50:54 PM

RESULT **BIOLOGICAL REFERENCE INTERVALS** UNITS 12.3 ) GLYCOSYLATED HEMOGLOBIN (HBA1C) -Normal < 5.7% Prediabetes 5.7 - 6.4% WHOLE BLOOD Diabetes >= 6.5% THYROID PROFILE BASIC 40 - 181 ng/dL SERUM TOTAL T3: TRI IODOTHYRONINE 110.0 (Chemiluminescence assay) 5.0 - 10.7 µg/dL SERUM TOTAL T4: THYROXINE 10.8 \* (Chemiluminescence assay) µIU/mL 0.4 - 4.2SERUM TSH: THYROID STIMULATING HORMONE 1.1 (Chemiluminescence assay)

Report Status:Final

\* END OF REPORT \*

Kavita

CHECKED BY 1126613

1126613

Printed On:

First Report Printed On: 09-NOV-2023 02:44:18 PM 09-NOV-2023 02:44:20 PM

Dr Kavita Somani MD Pathology HOD Dept. Of Pathology

Page 1 of 1

Dr Pretty Singh

From the Desk of Department of Lab Medicine

Dr Kavita Somani (HOD) MD, Pathology Dr Nimesh Mishra MD, Pathology

Dr K. Sujata Poduval MD, DCP **Dr Sumit Gupta** MD, Pathology

Dr Pretty Singh MD, Pathology Dr Tanmai Tandon MD, Pathology



# 1066 to

		OP Cash B	IIII - south on sender		remaine	nce No :		
	Mr. KESHAVNATH	Age:	85Yr 8Mth 25 Male	Days	A CONTRACTOR OF THE PARTY OF TH	L 0000440189		
Spouse Name	: MRS ANITA							
Address	: Ajeet nager Pathan Road Pa Lakhimpur Kheeri Lucknow L Pradesh Indie 262902. CellNo:91-8540985417				OP Number: MILLOPP1656206			
Pan Number:								
Doctor's Name Speciality	: Dr. Endocrine Team : ENDOCRINOLOGY					LL-OCS-138 3-Nov-23	Time: 9:45:41	
Mill Amount: ₹ Vincunt in word	1,000.dg				FOR APOLLO	HOSPITALS	¥	
i.Ne Se	ervice Type/Service Name	Departme	ent	Quantity	Ref Tariff	Dis(%)	Amount (INR)	
1 Cor	nsultation(999311)						January Jany	
TICon	on Marking BAT Continued							
1 Cen	sultation IMT Endocrine	Diabetics		1	1,000.00	0.00 Sub Total		
1 Con		Diabetics		1	1,000.00			
		Diabetics		1	1,000.00		1,000.0	
irvice Amount	3	Diabetica		1	1,000.00		1,000.0	
	3				1,000.00		1,000.0	
tal Bill Amount al Payment Tax is Payable	1	(Cash:1,00	0.00, NonCash		1,000.00		1,000,00 1,000,00 1,000,00 1,000,00	
trice Amount tal Bill Amount al Payment Tax is Payable	: on Reverse Charge Basis	(Cash:1,00			1,050.00		1,000.0	
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tal fill Amount tal fill Amount tal fill Amount Tax is Payable Tax is Payable Denotes Cu Denotes Cu Denotes Cu	on Reverse Charge Basis leceived with thanks sum of t Only From Mr. KESHAVMATI nselled Services ick Registration STAM	(Cash:1,00		0.06)		Sub Total	1,000.0 1,000.0 1,000.0	





GSTIN: 09AAGCM9435L1ZU OP Cash Bill - Bill of Supply Reference No : : Mr KESHAVNATH Age: 65Yr 8Mth 24Days UHID: MILL 0000440189 Sex: Male Spouse Name : MRS. ANITA : Ajeet nagar Patihan Road Paliya OP Number: MILLOPP1654861 Lakhimpur Kheeri Lucknow Uttar Pradesh India 262902, CellNo:91-8840988417 Pan Number: BIII No : MILL-OCS-1378966 Doctor's Name : Dr. Abhishek Verma Date : 9-Nov-23 Time: 9:55:04 Speciality : PULMONOLOGY Bill Amount: ₹. 800.00 FOR APOLLO HOSPITALS Amount in words: \* Eight Hundred Only S.No Service Type/Service Name Department Quantity Ref Tariff Dis(%) Amount (INR) Consultation(999311) 1 OP Consultation - First Visit Medical 700.00 0,00 700.00 Sub Total 700.00 Registration(999311)

1 UHID Registration Registration 100.00 0.00 100.00 Sub Total 100.00 Service Amount : 800 00 Total Bill Amount 800.00 Final Payment (Cash:800.00, NonCash:0.00) 800.00 No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 800.00 (CASH) ₹ Eight Hundred Only From Mr. KESHAVNATH . **Denotes Cancelled Services** Authorized Signatory (QR) Denotes Quick Registration Ms. Farheen Siddiqui Cashier Online Payment access- https://pay.apollohospitals.com

THIS OPD CONSULATION IS VAILD FOR 5 DAYS ONLY FOR ONE NEXT FOLLOW UP & BILL CANCELLATION CAN BE DONE ON SAME DAY,

ANY REFUND WILL BE INITIATED WITH VALID ID PROOF.

Thanks For Visit...





GSTIN: 09AAGCM9435L1ZU

OP Cash Bill -Bill of Supply

Name

: Mr. KESHAVNATH .

Age: 65Yr 8Mth 26Days

UHID: MILL 0000440189

Reference No :

Spouse Name : MRS. ANITA.

Sex: Male

Address

: Ajeet nagar Patihan Road Paliya Lakhimpur Kheeri Lucknow Uttar

Pradesh India 262902, CellNo:91-8840988417 OP Number: MILLOPP1657738

Pan Number:

Doctor's Name : Dr. Endocrine Team

Speciality : ENDOCRINOLOGY Bill No : MILL-OCS-1381128

Date : 11-Nov-23 Time: 9:49:13

Bill Amount: ₹. 2,260.00

Amount in words: ₹ Two Thousand Two Hundred Sixty Only

FOR APOLLO HOSPITALS

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Investigations(999311)					
	SERUM ALT(SGPT)	BioChemistry	1	170.00	0.00	170.00
					Sub Total	170.00
2	Profile(999311)					
	RENAL FUNCTION TEST (BASIC)	BioChemistry	1	990.00	0.00	990.00
2	LIPID PROFILE TEST (Basic)	Wards Others	1	1,100.00	0.00	1,100.00
			P.W. Philips		Sub Total	2,090.00

For enquires, appointments & Telemedicine consultations contact;

Helpline No 0522-6788 800 Abbolo medies

Page 1 of 3



### (24) EMERGENCY

Name	Mr. KESHAVNATH	OP Number: MILLOPP1657738	□ 1066.
		- TOT P 1657738	Bill No: MILL-OCS-1381128
.No	Spruige Town	Package Information	
	Service Type/Service Name		The state of the s
	LIPID PROFILE TEST (Basic)  CHOLESTEROL - SERUM / PLASMA		Department
5	HDL CHOLESTEROL - SERUM / PLASMA		BioChemistry
3	LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LOL)		BioChemistry
4	TRIGLYCERIDES - SERUM		BioChemistry
5	VLDL - CHOLESTEROL		BioChemistry
1	RENAL FUNCTION TEST (BASIC) CREATININE - SERUM / PLASMA		BioChemistry
2	POTASSIUM - SERUM		BioChemistry
3	SODIUM - SERUM		BioChemistry
	UREA - SERUM / PLASMA		BioChemistry
5	URINE ROUTINE (CUE)		BioChemistry
			Haematology

Note: Cancellation of Individual test will not be refunded.

For enquires, appointments & Telemedicine consultations contact: 1860-500-1066

Page 3 of 3



Apollomedics Super Speciality Hospitals

A venture of Medics International Lifesciences Limited KBC-31, Sec.-B, LDA Colony, Kanpur Road, Lucknow - 226012 e drrajny, singh@apollohospitals.com w lucknow apollohospitals.com 24x7 Helpline 0522 67 88 888 Ambulance 1800 419 1066



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Coursporter (2)

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Prom The Desk of Dr. Rajiv Ranjan Singh

M.B.B.S., M.D., D.M. (Gastroenterology)

consultant - Gastroenterology

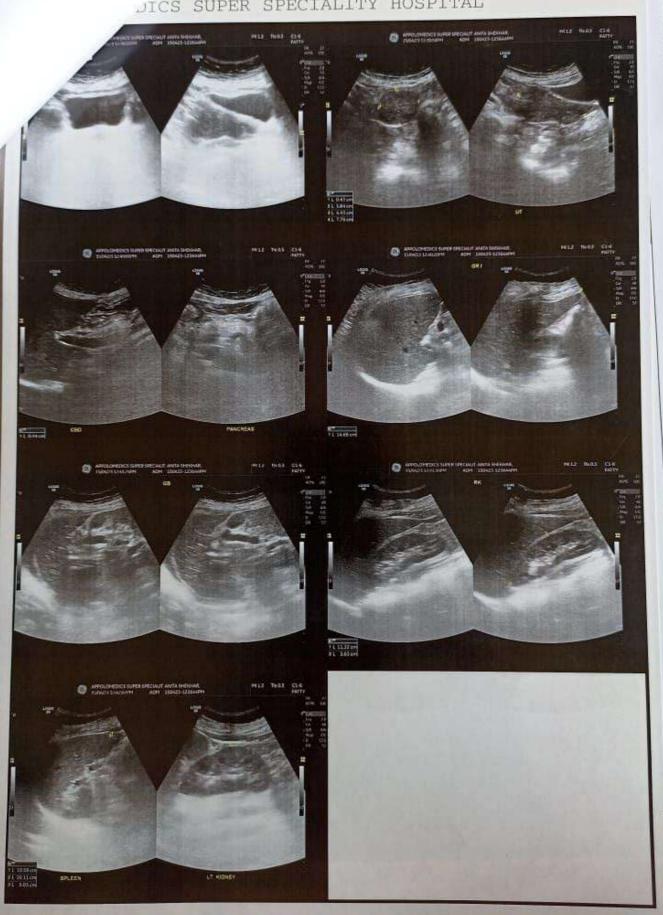
Formerly at PGIMER, Chandigarh Fellowship in Advanced Endocropy



ATTOG Ustracot son for pour lem e regno (Sth) Alap Oprise of one weldy to July Hes washings 6 mule of Torrewood + H I m Jun on our du John weelery so 3 dans In of Junes 844

# Apollomedics Superspeciality Hospital

DICS SUPER SPECIALITY HOSPITAL







| F | 47 Years

AH-QF-RD-04

#### DEPARTMENT OF RADIOLOGY

Patient's Details : Mrs. ANITA SHEKHAR

: MILL.0000375260 Ward/Bed No. : AHC / AHC

I.P.No./Bill No. : MILSAH23723 Received on : 15-Apr-2023

DRN : 223101000 Reported On : 15-Apr-2023 13:26:02

Referring Doctor : null

### **ULTRASONOGRAPHY: ABDOMEN**

#### FINDINGS:

UHID

- Liver is normal in size, measuring approx 14.7 cm, Margins are regular, Parenchyma shows mildly increased echogenecity. There is no intrahepatic biliary dilatation. Portal and hepatic venous channels are within normal limits. No focal lesion seen.
- Gall bladder is normal in position, shape and size. Walls are normal in thickness & regular.
   Lumen is echofree. CBD is not dilated (approx 4.4mm at porta).
- Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture.
   Pancreatic duct is not dilated. No focal area of altered echogenecity or calcification is seen.
- Spleen is normal in position and size, measuring approx 10.6 cm. Margins are regular with uniform parenchymal echogenecity.
- Kidneys: Both kidneys are normal in position and size (right kidney: approx. 11.3 x 3.6 cm; left kidney: approx. 10.1 x 5.0 cm). Margins are regular. Parenchymal thickness is adequate with normal cortical echogenecities. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated.
- Urinary bladder is normal in position and shape. Walls are regular.
- Uterus & adnexae: Uterus is normal in size (approx 7.7 x 4.4 x 3.8 cm) and echotexture.
   Endometrium measures approx, 4.3mm in thickness and regular. Both ovaries appear normal in size and echotexture. No obvious adnexal mass seen.
- · No free fluid in peritoneal cavity.

### IMPRESSION:

· Grade I fatty infiltration of liver.

Adv.: Clinical correlation and further evaluation.

france?

Dr. Anurag Singh MD (Gold Medalist) (Consultant Radiologist)

Printed On:

Printed By:

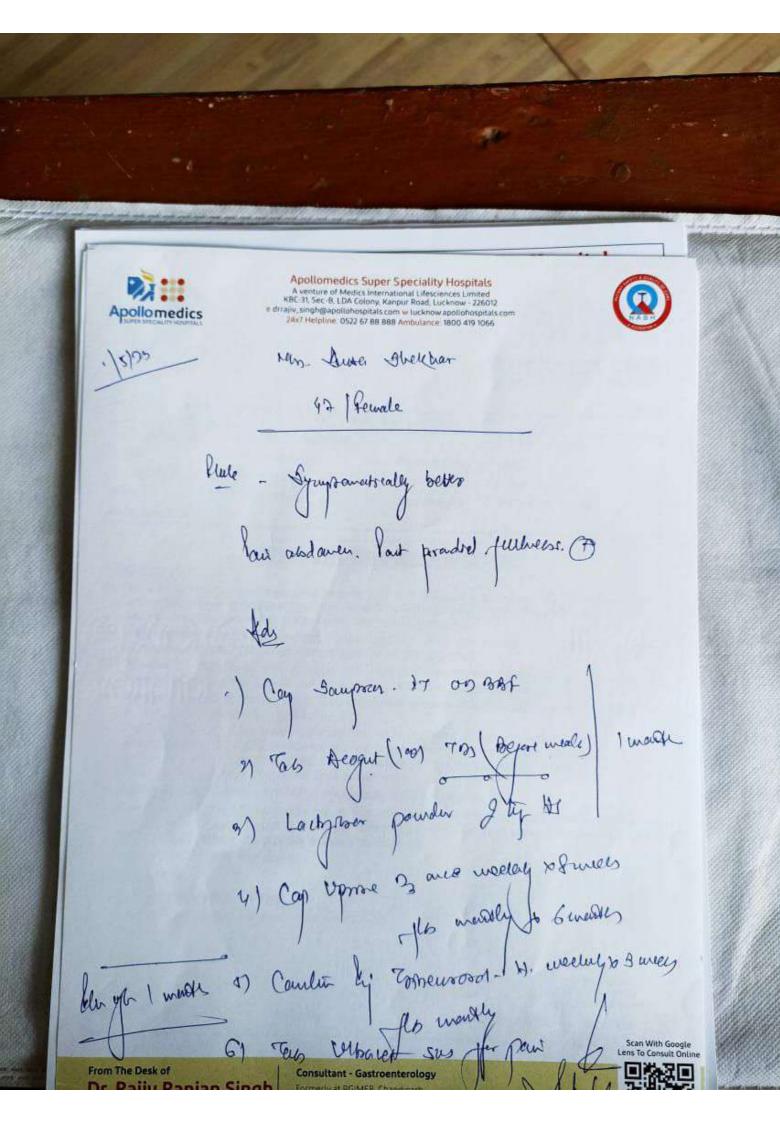
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Page 1 of 2

Apollomedics Super Speciality Hospitals

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CIN No. UB5191UP2011PLC043154





### APOLLOMEDICS INTERNATIONAL LIFESCIENCES LIMITED

(FORMERLY KNOWN AS MEDICS INTERNATIONAL LIFESCIENCES LTD)

Address:- KBC 31, Sector B, LDA Colony Kanpur Road, Lucknow-226012

Phone No.:- 0522-6788888

Website:- lucknow.apollohospitals.com

Patient Name Age/Gender DL No. GSTIN CIN No: Treating Doctor

Mrs Anita 24 Y,1 D/Female UP32-200005635/210005631 09AAGCM9435L1ZU U85191UP2011PLC043154 Dr Rajiv Ranjan Singh

Bill Number Bill Date Time Phone No. Payer Name Refer Type PRN NO.

PCS-136004 15-04-2023 09:04 AM 7526076589 CASH

PRN-64297

#### Tax Invoice

S.	Item Desc	HSN	Batch	Expiry	Unit Price	Qty	CGST%	SGST%	Amount	Location
No.	ENDOVIEW EMULSION 15ML	32099020	EVE23002	31-01- 2025	89	1	6	6	89	R10,S2, B4

#### Payment Details:

0.00	34.3.	Receipt Date Time	Transaction No	Amount	Transaction Typ
S.No.	Mode	Receipt Date Time		00	Paid Settlement
1	Cash	15-04-2023 09:04 AM		89	raid Settlement

### **GST** Details:

S.No. Tax Percentage		Taxable Amount	Tax Amount
5.NO.	12	79.46	9.54
	114		Total Amount 89.0
			Total SGST 4.7
	an		Total CGST 4.
	· · · · ·		112210000000000000000000000000000000000

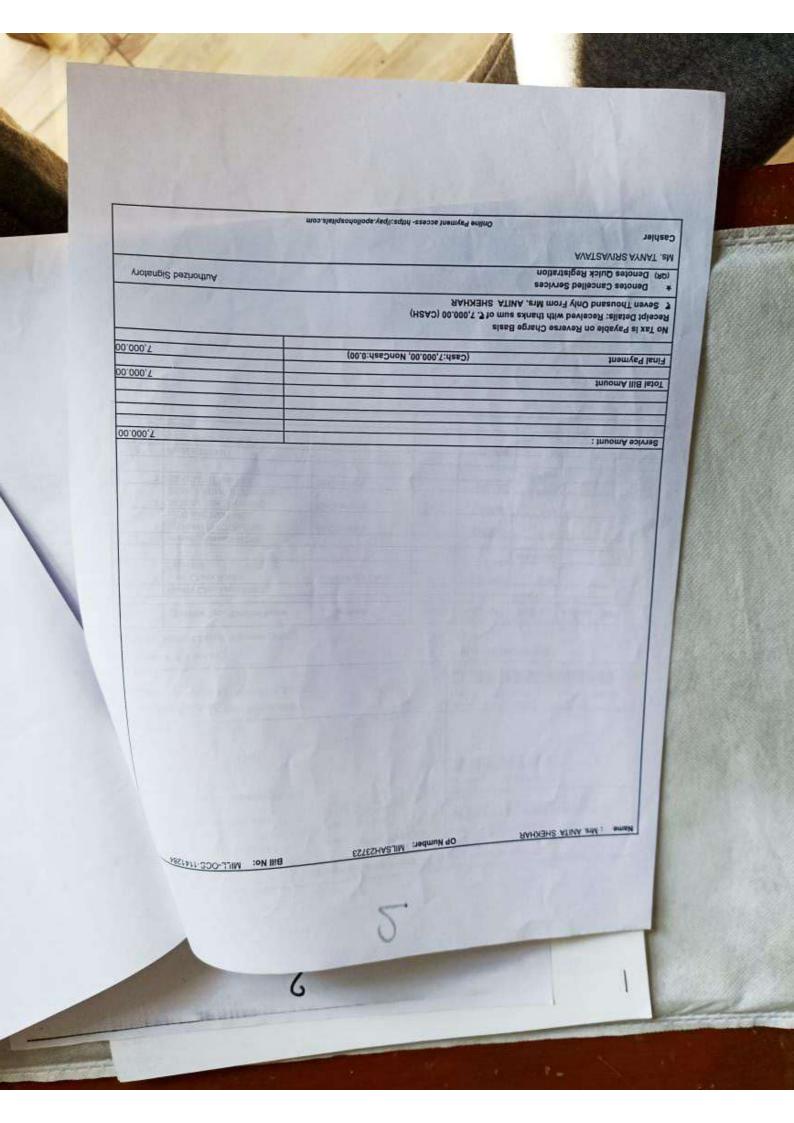
Net Amount 89.00 Recieved Amount 89.00

#### Printed By Nazish

Print Date & Time 15-04-2023 09:04 AM Created By Nazish

- The OP Pharmacy shall ensure that No cut Strips is dispensed to OPD patient except "Scheduled X drug".
- Medicine shall be returned in proper condition and in full Strips within the 15 Days from the date of Original bill.
- Original bill copy must be produced at the time of medicine return.
- Controlled temperature items will not be returned in any condition.
   Surgical and Consumables items will not be taken back or exchanged after 7 Days from the date of purchase.
- · Items should be in Original seal Package.
- Please Collect your Bill and Medicine before leaving the counter.

(\*\*\*\*\*\*\*\*\* Electronically Generated Report \*\*\*\*\*\*\*\*)



Name	Mrs. ANITA SHEKHAR OP Number: MILS/	AH23723 Bill No: MILL-OCS-1141284							
Package Information									
No	Service Type/Service Name	Department							
1	LIPID PROFILE TEST (Basic)								
. 1	CHOLESTEROL - SERUM / PLASMA	BioChemistry							
2	HOL CHOLESTEROL - SERUM / PLASMA	BioChemistry							
3	(DIRECT LDL)	BioChemistry							
4	TRIGLYCERIDES - SERUM	BioChemistry							
. 5	VLDL - CHOLESTEROL	BioChemistry							
2	Liver Check Pack - Essential								
:4:	AHC Physical Examination	Medical							
2	CBC	Haematology							
- 3	DOCTOR CONSULTATION	Medical							
4	LIVER FUNCTION TEST (EXTENDED)	BioChemistry							
5	PHYSICAL EXAMINATION/CONSULTATION BY INTERNAL MEDICINE SPECIALIST	Apollo Health Check							
6	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology							

Amount saved on availing Health Check Package INR 2735

Note: Cancellation of individual test will not be refunded.

Save on Tax under 80 D - up to 30% of Rs 5000 /- (amount spent on Preventive Health Check)

2

winer-

			MILSAH23723	Bill No: MILL-OCS-1141284
Name	Mrs. ANITA SHEKHAR	OP Number:	MILBARIZO723	BH FW. Message
		Packago In	formation	
No	Service Type/Service Name	7.		Department
1	LIPID PROFILE TEST (Basic)			BioChemistry
1	CHOLESTEROL - SERUM / PLASMA			BioChemistry
2	HDL CHOLESTEROL - SERUM / PLASMA			
3	LDL CHOLESTEROL - SERUM / PLASMA			BioChemistry
	(DIRECT LDL) TRIGLYCERIDES - SERUM	-		BioChemistry
4	MACON -			BioChemistry
5	VLDL - CHOLESTEROL			THE STATE OF A
2	Liver Check Pack - Essential			Medical
1	AHC Physical Examination			
21	CSC			Haematology
- 3	DOCTOR CONSULTATION	-	green le casier	Medical
-				BioChemistry
4	LIVER FUNCTION TEST (EXTENDED)			and the second second
5	PHYSICAL EXAMINATION/CONSULTATION	BY /		Apollo Health Check
	INTERNAL MEDICINE SPECIALIST	/		Ultrusound Radiology
6	ULTRASOUND - WHOLE ABDOMEN			of an audition Hoolth Chack Package INR 275

Amount saved on availing Health Check Package INR 2735

Note: Cancellation of individual test will not be refunded.

Save on Tax under 80 D - up to 30% of Rs 5000 /- (amount spent on Preventive Health\*Check)

### HAEMATOLOGY

Name DHID

MIS ANITA SHEKHAR

MILL 0000375260

/ MILSAH23723

47Yr 9Mth 0Days

W/BNo/RefNo

Gender

AHC

Female

SIN ILRN

39668418 / 13083426

Specimen

Whole Blood ( EDTA )

Rel Doctor

Dr. PHC learn



Collected on

WBC

Platelets

15-APR-2023 07:56:20 AM Received on

15-APR-202, 98-18-20 AM

Reported on 15-APR 2023 09 84 03 AM

Liver Check Pack - Essent	iai			
TEST NAME	RESULT	8101	OGICAL REFERENCE INTERVALS	UNITS
СВС				
Hemographin	10.4 *		11.5 - 16.5	gm/dl
WBC Count	5800		4000 - 11000	/cu mm
Differential Count				199
Neutrophils	64		40 - 75	96
Lymphocytes	27		20 00 - 40 00	%
Monatries	05		2 - 10	96
Eos ochilis	94		1 - 5	% %
Bascobils	00		0 1	%
Plate et Count	1.5		15 - 45	Lakhs/µt
RBC Count	3,80		38-48	Million/ul
Packed cell volume	32.3 *		37 - 47	%
MCV	84.9	- 26	80 100	- 1
ACH .	27.4		26 - 32	pg
MCHC	32.3		31 - 36	
NOW WORLD	17.3 *		11.6 - 14	gidl %
MPV	10.2			μm°
ERIPHERAL SMEAR(Microsco	(ygo			1531/2
BC	Microcytic hypoch	romic with no	ormocytic normochromic RBCs and	mild

anisocytosis. No nRECs seen. No haemoparasites seen.

Within normal limits. No atypical WBCs/blasts seen.

Adequate on the smear

Dr Pretty Singh MD, Pathology

/ MILSAH23723

Dr Sumit Gupta MD, Pathology Dr K. Sujata Poduval

(OOH) to Desk of Department of Lab Medicine

HAEMATOLOG

UHID

Mrs. ANITA SHEKHAR

MILL 0000375260

39668418 \ 13083426 Whole Blood ( EDTA )

Ref Doctor

SIN ILRN

Dr. PHC Team

47Yr 9Mth 0Days Age

Gender

Female

4,400.00

onzed Signato

Page 1 c

SAME DAY

4,400.00 4,400.

W/BNo/RefNo

AHC



15-APR-2023 07:56:20 AM Received on

15-APR-2023 08 18:20 AM

Reported on

15-APR-2023 09 04 03 AM

Report Status Final

\* END OF REPORT \*

CHECKED BY

1126613

1126613

Printed On:

15-APR-2023 04:50:39 PM

Kavita

Dr. Kavita Somani MD Pathology (HOD Dept. Of Pathology)

Dr. Tanmai Tandon Dr. Nimesh Mishra MD Pathology MD Pathology



30x Helpline: 0522 67 88 888 Ambulance: 1800 419 1066 w lucknow.apollohospitals.com A venture of Medics International Lifesciences Limited KBC-31, Sec-B, LDA Colony, Kanpur Road, Lucknow - 226012 Apollomedics Super Speciality Hospitals

Page 2 of 2







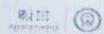
	CONTRACTOR	OP Cash Bill - Bill of Supp	iy	Reference		
Name Spouse !	: Mrs. ANITA SHEKHAR	Age: 47Yr 8Mth 30 Sex: Female	Days	UHID: MILL.OC		
iddress	; paliya kala lakheempur kheer			OP Number:	MILLOPP136	Contract of the Contract of th
an Num	Name : Dr. Rajiv Ranjan Singh				L-OCS-11404 Apr-23	Time: 10:54:34
peciality	: GASTROENTEROLOG			TARREST AND AND A SAME	A NA MA LUMA MA	
	nt: ₹. 800.00 words: ₹ Eight Hundred Only	I EAR II		FOR APOLLO	HOSPITALS	
.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation(999311)					
1		Medical	1	700.00	0.00 Sub Total	700.00
	- 1 - V - (000044)				Gub total	
2 1	Registration(999311) UHID Registration	Registration	1	100.00	0.00	100.00
			1000		Sub Total	100.00
rvice An	nount:					800.0
rvice An	nount:					
						800.
al Bill A	mount	(Cash:800.00, NonCa	sh:0.00)			
elpt Det Eight Hu Denot	mount	of ₹. 800.00 (CASH)	sh:0.00)			800

Page 1 of 1

THIS OPD CONSULATION IS VAILD FOR 5 DAYS ONLY FOR ONE NEXT FOLLOW UP & BILL CANCELLATION CAN BE DONE ON SAME DAY.

THIS OPD CONSULATION IS YAMDO REPLACABLE ONLY FOR ONE NEXT FOLLOW UP & BILL CANCELLATION CAN BE DONE ON SAME DAY.

ANY REFUND WILL BE WITHATED WITH VALID ID PROOF.
Thanks For Visit...
Thanks For Visit...



GSTIN : D9AAGCM9435L1ZU Reference No : OP Cash Bill - Bill of Supply UHID: MILL 0000375260 : Mrs. ANITA SHEKHAR Age: 47Yr 9Mth 0Days Name NEW TO THE REAL PROPERTY OF THE PARTY OF THE Sex: Female Spouse Name : MR KESHAV NATH OP Number: MILLOPP1366587 ; paliya kala lakheempur kheeri Pan Number: Bill No : MILL-OCS-1141646 Date : 15-Apr-23 Til Doctor's Name : Dr. Rajiv Ranjan Singh Time: 8.57.00 : GASTROENTEROLOGY Speciality I NA BULL TA LIAN AND A PARAMATRIA PARAMATRIA PARAMATRIA PARAMATRIA PARAMATRIA PARAMATRIA PARAMATRIA PARAMATRI FOR APOLLO HOSPITALS Bill Amount: ₹. 4,400.00 Amount in words: ₹ Four Thousand Four Hundred Only Dis(%) Amount (INR) Department Quantity Ref Tariff Service Type/Service Name S.No Invasive Procedures(999311) 4,400.00 0.00 4,400.00 Gastroenterology UGI ENDOSCOPY 4,400.00 Sub Total 4,400.00 Service Amount: 4,400.00 Total Bill Amount 4,400.00 (Cash:0.00, NonCash:4,400.00) Final Payment No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 4,400.00 (CARD) ₹ Four Thousand Four Hundred Only From Mrs. ANITA SHEKHAR Authorized Signatory Denotes Cancelled Services (QR) Denotes Quick Registration Ms. Farheen Siddiqui Online Payment access- https://pay.apollohospitals.com

Page 1 of 1

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Thanks For Visit...

### BIDCHEMISTRY

Name UHID

Mrs. ANITA SHEKHAR

39668419 \ 13083426

: MILL 0000375260

Specimen

Ret Doctor

SIN | LRN

: Dr PHC Team

Age : 47Yr 9Mth 0Days

W/BNo/RefNo : AHC



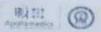
/ MILSAH23723

15-APR-2023 09:57:17 AM

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
VITAMIN D TOTAL(250H vitD3 and 250H vitD2) (Chemiluminescence assay)	4.3 *	< 20 Deficiency 21-29 Insufficiency > 30 Normal	ng/mL
SERUM VITAMIN B12 (Chemiluminescence assay)	73.0 *	206 - 678 Deficiency < 150	ng/L
SERUM TSH: THYROID STIMULATING HORMONE (Chemiuminescence assay)	1.5	14-93 years 0 42-4 2 Pregnancy: 1st Trimester: 0 10-2.5 2nd Trimester: 0 20-3 0 3rd Trimester: 0 30-3 0	μIU/mL
LIPID PROFILE TEST (Basic)			
SERUM CHOLESTEROL (CHO-POD)	201.0	Desirable <200 Borderline High 200 - 239 High >=240	mg/dL
SERUM LDL CHOLESTEROL (Method:Direct)	138.0	Desirable <130 Borderline High 130 - 159	mg/dL
	A NA	21qh >=160 Vey High >=190	
SERUM HDL CHOLESTEROL Method:Direct)	55.0	Low <40 Desirable >=40	mg/dL



GSTIN : DBAAGCM9435L1ZU OP Cash Bill -Bill of Supply Reference No : Mrs. ANITA SHEKHAR Age: 47Yr 9Mth 16Days UHID: MILL 0000375260 Sex: Female Spouse Name : MR. KESHAV NATH ; paliya kala lakheempur kheeri OP Number: MILLOPP1385994 Pan Number: BIII No : MILL-OCS-1157579 Date : 1-May-23 Tin Doctor's Name : Dr. Rajiv Ranjan Singh Time: 9:22:35 Speciality : GASTROENTEROLOGY Bill Amount: T. 700.00 FOR APOLLO HOSPITALS Amount in words: ₹ Seven Hundred Only Service Type/Service Name Department Quantity Ref Tariff Amount (INR) Consultation(999311)
1 OP Consultation - First Visit 700.00 0.00 700.00 Sub Total 700.00 W47 73.699 PR -796/m Spar 100% 8P-154/goming 700.00 Total Bill Amount 700.00 Final Payment (Cash:700.00, NonCash:0.00) 700.00 No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹, 700,00 (CASH)
₹ Seven Hundred Only From Mrs. ANITA SHEKHAR Denotes Cancelled Services Authorized Signatory (QR) Denotes Quick Registration Ms. Savita Cashier 2 Online Payment access- https://pay.apollohospitals.com Page 1 of 1

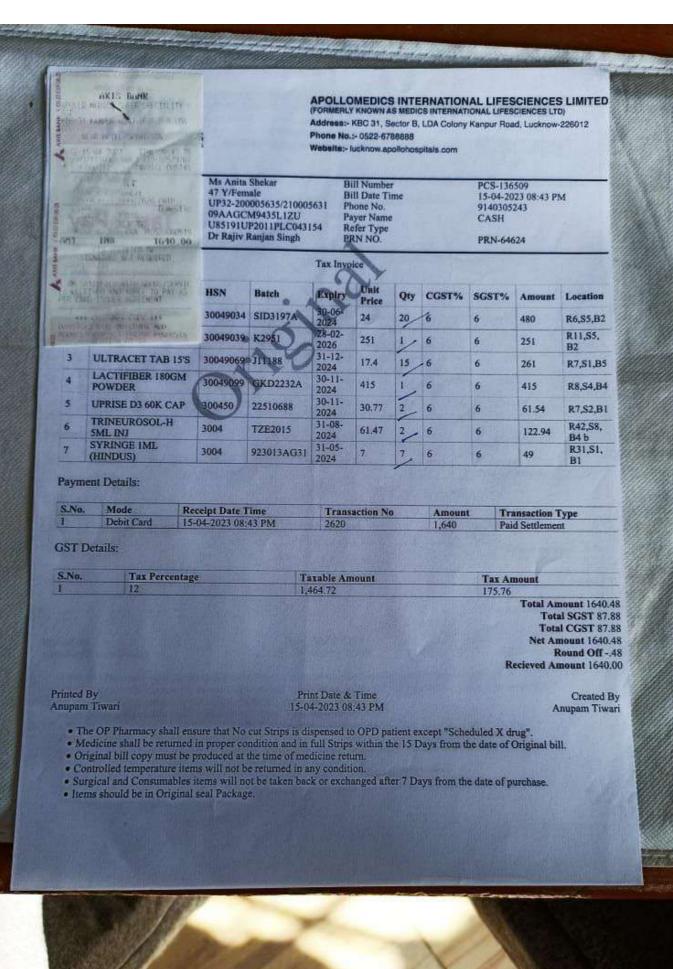


Reference No GSTIN : 09AAGCM9435L1ZU OP Cash Bill -Bill of Supply UHID: MILL 0000375260 : Mrs. ANITA SHEIGHAR Age: 47Vr 9Mth 0Days HARADA TO LODE FOR DE ME ROO DUS FOR DESIDE TO AND AN AREA FOR DESIDE. Sex : Female Spouse Name : MR. KESHAV NATH OP Number: MILLOPP 1366587 ; paliya kala lakheempur kheeri Address THE REPORT OF THE PROPERTY OF Pan Number: Bill No : MILL-OCS-1141646 Date : 15-Apr-23 Ti Doctor's Name : Dr. Rajiv Ranjan Singh Time: 8.57:00 : GASTROENTEROLOGY Speciality FOR APOLLO HOSPITALS Bill Amount: ₹, 4,400.00 Amount in words: ₹ Four Thousand Four Hundred Only Amount (INR) Ref Tariff Dis(%) Service Type/Service Name Department Quantity Invasive Procedures(999311)
UGI ENDOSCOPY 4,400.00 4,400.00 0.00 Gastroenterology 4,400.00 Sub Total 4,400.00 Service Amount : 4,400.00 Total Bill Amount 4,400.00 Final Payment (Cash:0.00, NonCash:4,400.00) No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 4,400.00 (CARD) Four Thousand Four Hundred Only From Mrs. ANITA SHEKHAR Denotes Cancelled Services Authorized Signatory (QR) Denotes Quick Registration Ms. Farneen Siddiqui Online Payment access- https://pay.apollohospitals.com Page 1 of 1

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Thanks For Visit...





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A venture of Medics International Lifesciences Limited KBC 31, Sec -B, LDA Colony, Kanpur Road, Lucknow - 226012 w tucknow apolichospitals.com



MITED

Mr. KESHAVNATH .

Age : 65Yr 8Mth 24Days

Gender : Male

UHID

: MILL.0000440189 / MILLOPP1654951

SIN \ LRN : 42958493 \ 42958492 \ 14173749

W/BNo/RefNo : OP

cation

S5.B2

S6.B2

11 305.40 ST 16.36

ST 16.30 at 305.40 1 Off -.40

at 305.00

rated By

a Kumar

Ref Doctor

: Dr. Abhishek Verma

: Serum

00.00

0.00

. 09-NOV-2023 11:26:21 AM Reported on

- 09-NOV-2023 12:50:54 PM

RESULT **BIOLOGICAL REFERENCE INTERVALS** UNITS 12.3 ) GLYCOSYLATED HEMOGLOBIN (HBA1C) -Normal < 5.7% Prediabetes 5.7 - 6.4% WHOLE BLOOD Diabetes >= 6.5% THYROID PROFILE BASIC 40 - 181 ng/dL SERUM TOTAL T3: TRI IODOTHYRONINE 110.0 (Chemiluminescence assay) 5.0 - 10.7 µg/dL SERUM TOTAL T4: THYROXINE 10.8 \* (Chemiluminescence assay) µIU/mL 0.4 - 4.2SERUM TSH: THYROID STIMULATING HORMONE 1.1 (Chemiluminescence assay)

Report Status:Final

\* END OF REPORT \*

Kavita

CHECKED BY 1126613

1126613

Printed On:

First Report Printed On: 09-NOV-2023 02:44:18 PM 09-NOV-2023 02:44:20 PM

Dr Kavita Somani MD Pathology HOD Dept. Of Pathology

Page 1 of 1

Dr Pretty Singh

From the Desk of Department of Lab Medicine

Dr Kavita Somani (HOD) MD, Pathology Dr Nimesh Mishra MD, Pathology

Dr K. Sujata Poduval MD, DCP **Dr Sumit Gupta** MD, Pathology

Dr Pretty Singh MD, Pathology Dr Tanmai Tandon MD, Pathology

### Dr. Abhishek Verma

**Outpatient Summary and Prescription** 

PULMONOLOGY

Mr. KESHAVNATH .

UHID: MILL.0000440189

Male, DOB : 16-FEB-1958(65Y 8M 24D)

OP Number - Visit ID : OP8811271-1 Visit Date : 09-Nov-2023

Address Ajeet nagar Patihan Road Paliya Lakhimpur Kheeri Lucknow Lucknow 262902 Uttar

Pradesh India Phone: 91-8840988417

Allergy :- No Known Allergy

CHIEF COMPLAINTS

Loss of weight Constipation

CURRENT MEDICATION

k c/o T2DM- on ayurvedic medications

PSYCHOLOGICAL ASSESSMENT

Normal

**FUNCTIONAL STATUS** 

Independent

NUTRITIONAL ASSESSMENT

Normal

SPIRITUAL/CULTURAL CONSIDERATIONS

Has Religious Belief

SOCIO-ECONOMIC STATUS

Medium

VITALS

: 98.40 F Temperature : 68 /min

Pulse Rate : 184/83 mmHg

: 20 /mt Resp Rate : 100 % SpO2

: 67.80 Kg Weight

Pain Score : 0

PHYSICAL EXAMINATION

CHEST- B/L VBS+NT

DIAGNOSIS:

1 . T2 diabetes mellitus

TESTS / PROCEDURES ADVISED:

X-RAY CHEST PA

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

THYROID PROFILE BASIC

Printed By:726069

Printed Date & Time:

09-Nov-2023

10:16

Page 1 of 2

(09-Nov-2023 10:04 AM)

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Apollomedics Super Speciality Hospitals

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MITED

cation

S5.B2

1.S6.B2

NAME Mr. Keshqumath

AGE- 6SY/M

11 Tabri (2013)

nol on Pp

( pyw ved x B)

\* not munique forther investigations

DATE- 10/11/23

TEMP- 96 SF

SPO2- 100 4.

PR- 6961~

BP- 134 103 mm/7

WT- 67 Kg

HT- 171.2cm

RBS. 315 mg/dl

ALC - 15.3

PH-11.

D. P. Zavomet Bus after So (500)

8) T. Amonyl 2 ng Box before g) P. Rosuvas 10 mg oo (agte due)

B) P D'abelli diet + omBG

Dfo I week " Lipid Profile · SGPT

Chief Consultant

**Associate Consultant** 

nt 305.40 ST 16.36 ST 16.36 nt 305.40 1 Off - 40 nt 305.00

> eated By a Kumar

from The Desk of the Department of Endocrinology or Mayank Somani - MD & CEO (MD, MRCP, FCCP) or Nishchitha K (MD, DM)

हमारे यहाँ समस्त बांढ व दवाये सभी डॉक्टरों द्वारा स्वीकृत एवं विश्यसनीय कंपनी की है। कोई दवा/बांड उपलब्ध न होने की स्थिति में किसी अन्य कंपनी की दवा ली जा सकती है





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cation

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at 305.40 ST 16.36

ST 16.36 at 305.40

1 Off - 40 at 305.00

eated By a Kumar

112

AH-QF-RD-04

### DEPARTMENT OF RADIOLOGY

Patient's Details

: Mr. KESHAVNATH .

| M | 65 Years

UHID

: MILL.0000440189

Ward/Bed No. : OP /

LP.No./Bill No.

: MILLOPP1654951

DRN

: 123635219

Received on : 09-Nov-2023

Referring Doctor

: Abhishek Verma

Reported On

: 10-Nov-2023 8:14:09

### X - RAY : CHEST (PA)

### FINDINGS & IMPRESSION-

- Lung fields are clear.
- Both CP angles are grossly normal.
- Both hila appear normal.
- No evidence of midline shift seen,
- Cardiac size is normal.

Please correlate clinically.

--- END OF THE REPORT---

Dr. Virendra Shukla Clinical associate DN8 (Radiodiagnosis)

Printed On:

Printed By:

Reported By: 726789

Page 1 of 1

### **Apollomedics Super Speciality Hospitals**

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CIN No. U85191UP2011PLC043154



# APOLLOMEDICS INTERNATIONAL LIFESCIENCES LIMITED (FORMERLY KNOWN AS MEDICS INTERNATIONAL LIFESCIENCES LTD)

Address:- KBC 31, Sector B, LDA Colony Kanpur Road, Lucknow-226012

Phone No.:- 0522-6788888

Website:- lucknow.apollohospitals.com

Patient Name Age/Gender DL No. GSTIN CIN No: Treating Doctor Mr Kashavnath 65 Y/Male UP32-20000\$635/210005631 09AAGCM9435L1ZU U85191UP2011PLC043154 Dr Mayank Somani

Bill Number Bill Date Time Phone No. Payer Name Refer Type PRN NO.

PCS-238730 10-11-2023 12:31 PM 8840988417 CASH

Tax Amount

PRN-101237

#### Tax Invoice

S.	Item Desc	HSN	Batch	Expiry	Unit Price	Qty	CGST%	SGST%	Amount	Location
No.	AMARYL 2MG TAB	30043190	3NG031	30-06- 2026	6.48	30	6	6	194.4	R1,S5,B2
2	ZAVAMET 500/50MG TAB 10'S	3004 🌼	N2302607	31-08- 2025	11,1	10	6	6	111	R7,S6,B2

### Payment Details:

P2027	10000	Receipt Date Time	Transaction No	Amount	Transaction Type
S.No.	Mode			305	Paid Settlement
1	Cash	10-11-2023 12:31 PM		303	

### GST Details:

S.No.	Tax Percentage	Taxable Amount	32.72
1	12	272.68	Total Amount 305.40
			Total SGST 16.36
			Total CGST 16.36
			The state of the s

Net Amount 305.40 Round Off - 40 Recieved Amount 305.00

Printed By Aniruddha Kumar

Print Date & Time 10-11-2023 12:31 PM

Created By Anicuddha Kumar

- The OP Pharmacy shall ensure that No cut Strips is dispensed to OPD patient except "Scheduled X drug".
- Medicine shall be returned in proper condition and in full Strips within the 15 Days from the date of Original bill.
- Original bill copy must be produced at the time of medicine return.
- Controlled temperature items will not be returned in any condition.
- Surgical and Consumables items will not be taken back or exchanged after 7 Days from the date of purchase.
- Items should be in Original seal Package.
- Please Collect your Bill and Medicine before leaving the counter.

(\*\*\*\*\*\* Electronically Generated Report \*

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# 1066 to

		OP Cash B	IIII - south on sender		remaine	nce No :	
	Mr. KESHAVNATH	Age:	85Yr 8Mth 25 Male	Days	A CONTRACTOR OF THE PARTY OF TH	L 0000440189	
Spouse Name	: MRS ANITA						
Address	: Ajeet nager Pathan Road Pa Lakhimpur Kheeri Lucknow L Pradesh Indie 262902. CellNo:91-8540985417				OP Number:	MILLOPP	
Pan Number:							
Doctor's Name Speciality	: Dr. Endocrine Team : ENDOCRINOLOGY					LL-OCS-138 3-Nov-23	Time: 9:45:41
Mill Amount: ₹ Vincunt in word	1,000.dg				FOR APOLLO	HOSPITALS	¥
i.Ne Se	ervice Type/Service Name	Departme	ent	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1 Cor	nsultation(999311)						January Jany
TICon	on Marking BAT Continued						
1 Cen	sultation IMT Endocrine	Diabetics		1	1,000.00	0.00 Sub Total	
1 Con		Diabetics		1	1,000.00		
		Diabetics		1	1,000.00		1,000.0
irvice Amount	3	Diabetica		1	1,000.00		1,000.0
	3				1,000.00		1,000.0
tal Bill Amount al Payment Tax is Payable	1	(Cash:1,00	0.00, NonCash		1,000.00		1,000,00 1,000,00 1,000,00 1,000,00
trice Amount tal Bill Amount al Payment Tax is Payable	: on Reverse Charge Basis	(Cash:1,00			1,050.00		1,000.0
tal fill Amount tal fill Amount tal fill Amount Tax is Payable Tax is Payable Denotes Cu Denotes Cu Denotes Cu	i on Reverse Charge Basis backived with thenks sum of t Only From Mr. KESHAVMATI nosibled Services ick Registration	(Cash:1,00			1,000.00	Sub Total	1,000.0 1,000.0 1,000.0
invice Amount  all Bitt Amount  Tax is Payable  Tax is Payable  Denotes Cai  Cenotes Cai  Canona Serva	i on Reverse Charge Basis backived with thenks sum of t Only From Mr. KESHAVMATI nosibled Services ick Registration	(Cash:1,00			1,000.00	Sub Total	1,000.0
tal fill Amount tal fill Amount tal fill Amount Tax is Payable Tax is Payable Denotes Cu Denotes Cu Denotes Cu	on Reverse Charge Basis leceived with thanks sum of t Only From Mr. KESHAVMATI nselled Services ick Registration STAM	(Cash:1,00		0.06)		Sub Total	1,000.0 1,000.0 1,000.0





GSTIN: 09AAGCM9435L1ZU OP Cash Bill - Bill of Supply Reference No : : Mr KESHAVNATH Age: 65Yr 8Mth 24Days UHID: MILL 0000440189 Sex: Male Spouse Name : MRS. ANITA : Ajeet nagar Patihan Road Paliya OP Number: MILLOPP1654861 Lakhimpur Kheeri Lucknow Uttar Pradesh India 262902, CellNo:91-8840988417 Pan Number: BIII No : MILL-OCS-1378966 Doctor's Name : Dr. Abhishek Verma Date : 9-Nov-23 Time: 9:55:04 Speciality : PULMONOLOGY Bill Amount: ₹. 800.00 FOR APOLLO HOSPITALS Amount in words: \* Eight Hundred Only S.No Service Type/Service Name Department Quantity Ref Tariff Dis(%) Amount (INR) Consultation(999311) 1 OP Consultation - First Visit Medical 700.00 0,00 700.00 Sub Total 700.00 Registration(999311)

1 UHID Registration Registration 100.00 0.00 100.00 Sub Total 100.00 Service Amount : 800 00 Total Bill Amount 800.00 Final Payment (Cash:800.00, NonCash:0.00) 800.00 No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 800.00 (CASH) ₹ Eight Hundred Only From Mr. KESHAVNATH . **Denotes Cancelled Services** Authorized Signatory (QR) Denotes Quick Registration Ms. Farheen Siddiqui Cashier Online Payment access- https://pay.apollohospitals.com

THIS OPD CONSULATION IS VAILD FOR 5 DAYS ONLY FOR ONE NEXT FOLLOW UP & BILL CANCELLATION CAN BE DONE ON SAME DAY,

ANY REFUND WILL BE INITIATED WITH VALID ID PROOF.

Thanks For Visit...





GSTIN: 09AAGCM9435L1ZU

OP Cash Bill -Bill of Supply

Name

: Mr. KESHAVNATH .

Age: 65Yr 8Mth 26Days

UHID: MILL 0000440189

Reference No :

Spouse Name : MRS. ANITA.

Sex: Male

Address

: Ajeet nagar Patihan Road Paliya Lakhimpur Kheeri Lucknow Uttar

Pradesh India 262902, CellNo:91-8840988417 OP Number: MILLOPP1657738

Pan Number:

Doctor's Name : Dr. Endocrine Team

Speciality : ENDOCRINOLOGY Bill No : MILL-OCS-1381128

Date : 11-Nov-23 Time: 9:49:13

Bill Amount: ₹. 2,260.00

Amount in words: ₹ Two Thousand Two Hundred Sixty Only

FOR APOLLO HOSPITALS

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Investigations(999311)	Investigations(999311)				
	SERUM ALT(SGPT)	BioChemistry	1	170.00	0.00	170.00
					Sub Total	170.00
2	Profile(999311)					
	RENAL FUNCTION TEST (BASIC)	BioChemistry	1	990.00	0.00	990.00
2	LIPID PROFILE TEST (Basic)	Wards Others	1	1,100.00	0.00	1,100.00
			P.W. Philips		Sub Total	2,090.00

For enquires, appointments & Telemedicine consultations contact;

Helpline No 0522-6788 800 Abbolo medies

Page 1 of 3



### (24) EMERGENCY

Name	Mr. KESHAVNATH	OP Number: MILLOPP1657738	
		WELCOPP 1657/38	Bill No: MILL-OCS-1381128
.No	Spruige Town	Package Information	
	Service Type/Service Name		
	LIPID PROFILE TEST (Basic) CHOLESTEROL - SERUM / PLASMA		Department
5	HDL CHOLESTEROL - SERUM / PLASMA		BioChemistry
3	LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LOL)		BioChemistry
4	TRIGLYCERIDES - SERUM		BioChemistry
5	VLDL - CHOLESTEROL		BloChemistry
1	RENAL FUNCTION TEST (BASIC) CREATININE - SERUM / PLASMA		BioChemistry
2	POTASSIUM - SERUM		BioChemistry
3	SODIUM - SERUM		BioChemistry
	UREA - SERUM / PLASMA		BioChemistry
5	URINE ROUTINE (CUE)		BioChemistry
			Haematology

Note: Cancellation of Individual test will not be refunded.

For enquires, appointments & Telemedicine consultations contact: 1860-500-1066

Page 3 of 3