



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Budh Vihar Commercial, Taramandal
Gorakhpur, UP

Contact No. 0551-2230390,8795875444




DISCHARGE BILL

Bill No. 17430 UHID No. SGH6413
 Name of Patient Mr. SATYANARAYAN Date 26/02/2024 Time 12:59:26 PM
 Guardian Name Mr. GANESH Age & Sex 56 M
 Address 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
 Bed Room No S.ICU-10
 Date Of Admission 24/02/2024 03:48 PM
 Date Of Discharge 26/02/2024 12:59:26 PM Date Of Operation
 Consultant Dr. S.S. SHAHI
 Treatment Operation

| Description | Consultant | Day | Charge | Amount(Rs.) |
|----------------------|---------------|-----|--------|-------------|
| Admission Charge | | | | |
| Room/Bed Charges | | | | 500 |
| Surgeon Charges | Dr. S. ICU-10 | 2 | 3500 | 7000 |
| Nursing Care Charges | | | | 140000 |
| EMERGENCY | | | | |
| ICU VISIT | | 1 | 5000 | 5000 |
| R.M.O. (ICU) | | 2 | 1000 | 2000 |
| N.CARE (ICU) | | 2 | 600 | 1200 |
| DR. P.C. SHAHI | | 2 | 600 | 1200 |
| DR. B.G. SINGH | | 2 | 2000 | 4000 |
| N.B.S.CHARGE | | 2 | 1500 | 3000 |
| | | 6 | 50 | 300 |

| | | |
|-----------------------------------|--|---------------|
| TOTAL | | 164200 |
| Less Advance CRNo. | | 10000 |
| Less Charges Of Dr. ADVANCE | | 100000 |
| Net Amount (Payable / Refundable) | | 54200 |
| Paid Amount | | 54200.00 |
| Final Amount | | 64200.00 |

Rs(In Words): SIXTY-FOUR THOUSAND TWO HUNDRED RUPEES ONLY.


 शाही ग्लोबल हॉस्पिटल
 बुद्ध विहार
 तारामण्डल, गोरखपुर

शाही ग्लोबल हॉस्पिटल
 तारामण्डल
 Authorised Signatory



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Budd Vihar Commercial, Taramandal

Gorakhpur, UP

Contact No. 0551-2230390, 8795875444



PATHOLOGY BILL

Patient Name SATYANARAYAN
 Age & Gender 56 M
 Guardian Name GANESH
 Address 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
 Mobile No. 9320722218

Date & Time 24/02/2024 4:03:18 PM
 Bill No. 17433
 UHID No. SGH 6413
 INV No. 21INV16964
 Room No. OPD

| Description | Charge | Amount |
|-------------|--------|--------|
| ICU PROFILE | 2600 | 2600 |
| ABG | 1000 | 1000 |
| ECG | 300 | 300 |
| TROP-I | 1000 | 1000 |

Amount (In Words) FOUR THOUSAND NINE HUNDRED RUPEES ONLY
 Payment Mode CASH
 Consultant Name S.S. SHAHII



Prepared By ALOK
 Printed on 24/02/2024 4:03:18 PM

शही ग्लोबल हॉस्पिटल
 For Shahi Global Hospital

Total Amount 4900.00
 Disc. Amount 0.00
 Paid Amount 4,900.00
 Balance Amount 0.00

Authorised Signatory



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Budd Vihar Commercial, Taramandal

Gorakhpur, UP

Contact No. 0551-2230390, 8795875444



PATHOLOGY BILL

Patient Name: SATYANARAYAN
Age & Gender: 56 M
Guardian Name: GANESH
Address: 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
Mobile No.: 9520722218

Date & Time: 07/03/2024 1:49:23 PM
Bill No.: 18049
UHID No.: SGH 6413
INV No.: 21INV17188
Room No.: OPD

| Description | Charge | Amount |
|-------------|--------|--------|
| TYPHOID | 400 | 400 |
| WIDAL | 200 | 200 |
| MALERIA | 300 | 300 |
| URINE/RM | 100 | 100 |

Amount (In Words) ONE THOUSAND RUIEES ONLY,
Payment Mode CASH
Consultant Name S.S. SHAHI

Prepared By ALOK KUMAR
Printed on 07/03/2024 1:52:37PM

SHAHI GLOBAL HOSPITAL
Authorised Signatory



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Budh Vihar Commercial, Taramandal
Gorakhpur, UP
Contact No. 0551-2230390, 8795875444



X-RAY BILL

| | | | |
|---------------|--|-------------|-----------------------|
| Patient Name | SATYANARAYAN | Date & Time | 24/02/2024 5:02:27 PM |
| Age & Gender | 56 M | Bill No. | 17436 |
| Guardian Name | GANESH | UHID No. | SGH 6413 |
| Address | 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR | INV No. | 21INV16966 |
| Mobile No. | 9520722218 | Room No. | 1PD |

| Description | Charge | Amount |
|---|--------|--------|
| X-RAY CHEST (PA) | 400 | 400 |
| <p>Amount (In Words) FOUR HUNDRED RUEEES ONLY.</p> <p>Payment Mode CASH</p> <p>Consultant Name S.S. SHAHI</p> | | |
| <p>Prepared By ALOK</p> <p>Printed on 24/02/2024 5:03:07 PM</p> | | |
| <p>Total Amount 400.00</p> <p>Disc. Amount 0.00</p> <p>Paid Amount 400.00</p> | | |

Signature of ALOK
 For SHAHI GLOBAL HOSPITAL
 Authorised Signatory



GST INVOICE

SHAHI GKP GLOBAL HOSPITAL AND RESEARCH LIMITED; No. : 0044704
 C/O SHAHI GLOBAL HOSPITAL BUDDH VIHAR; Date: 24/02/2024
 COMMERCIAL TARAMANDAL GORAKHPUR, ; Name: BATYHARAYAN
 Phone : 0795875444 ; Add. :
 GST NO. : 09RATGS1479H2ZN ; Dr. :
 D.L.NO. : UP53200002020, UP53210002002 ; Reg. :

| QTY. | M.S.P. | PACK | DESCRIPTION | BATCH | EXP. | AMOUNT |
|------|--------|------|-------------------|-----------|-------|--------|
| 2 | 214.5 | 1 | TAZAR 2.25G TAB | PTB23010 | 8/26 | 428.70 |
| 4 | 210.0 | 10 | ECOSPRIN-AV 75/40 | 2B024264 | 9/24 | 84.00 |
| 2 | 341.0 | 10 | PRAX 10 TAB | RF032101 | 4/24 | 68.20 |
| 4 | 180.0 | 10 | KORANDIL 5MG TAB | 6TD0923A | 3/25 | 72.00 |
| 4 | 130.9 | 10 | FLAVEDON MR TAB | KV052306 | 4/26 | 52.36 |
| 2 | 39.94 | 10 | GOUTNIL 0.5 TAB | GU2106 | 1/26 | 7.99 |
| 2 | 84.30 | 15 | ACILOEC RD TAB | JKAD23062 | 10/25 | 11.24 |
| 2 | 8.00 | 1*1 | 10 ML DISPOSEL | 150101017 | 8/24 | 16.00 |
| 2 | 400.0 | 1*1 | NEEDLE 16NO | 138425B | 8/26 | 8.00 |

SUB TOATL = 748.69

SALE RETURN= 0.00

DISC. = 0.00

Rs. Seven Hundred Forty Nine Only

PLEASE PAY ; 749.00

*All disputes subject to gorakhpur Jurisdiction only
 *Medicines without Batch No. & Exp.
 will not taken back. For SHAHI GKP GLOBAL HOSPITAL AND RESEA
 *Please consult Dr. Before using the medicines

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 बुद्ध
 तारामण्डल, गोरखपुर

GST INVOICE

SHAHI GKP GLOBAL HOSPITAL AND RESEARCH LIMITED! No. :A044856
 C/O SHAHI GLOBAL HOSPITAL BUDDH VIHAR! Date: 24/02/2024
 COMMERCIAL TARAMANDAL GORAKHPUR, ; Name: SATYANARAYAN
 Phone : 8795875444 ; Add.:
 GST NO.: 09AATCS1479H2ZN ; Dr. : DR.S.S.SHAHI (M.S)
 D.L.NO.:UP53200002020,UP53210002002 ; Reg.:

| QTY. | M.R.P | PACK | DESCRIPTION | BATCH | EXP. | AMOUNT |
|------|-------|------|--------------------|-----------|-------|--------|
| 2 | 69.86 | 1*1 | CEFBACT 1G INJ | EAB02039A | 3/25 | 139.72 |
| 2 | 56.50 | 1*1 | PANSEC 40MG INJ | CN3042048 | 4/25 | 113.00 |
| 3 | 6.69 | 1 | FRU-CID 2ML INJ | FU23M1P | 10/25 | 20.07 |
| 1 | 671.6 | 1 | LNOX 60MG INJ | 673F019 | 5/25 | 671.60 |
| 4 | 42.00 | 1*50 | SORBITRATE 5MG TAB | SBA0001 | 12/24 | 3.36 |
| 1 | 155.0 | 1*1 | DRIP SET | 242228 | 6/26 | 155.00 |
| 1 | 132.0 | 1*1 | INTRACATH 20 NO | 2141 | 8/26 | 132.00 |
| 1 | 38.00 | 1*1 | CANULA FIXER | IVHT | 7/27 | 38.00 |
| 2 | 8.00 | 1*1 | 10 ML DISPOSEL | 150101017 | 8/24 | 16.00 |
| 2 | 400.0 | 1*1 | NEEDLE 16NO | 1384258 | 8/26 | 8.00 |

SUB TOATL = 1296.75
 SALE RETURN= 0.00 DISC. = 0.00
 Rs. One Thousand Two Hundred Ninety Seve PLEASE PAY ; 1297.00

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