THE TOOTH CLINIC

DR SHOURYA POSWAL
(BDS, MDS)
ENDODONTIST and IMPLANTOLOGIST
Redg. No. A-11493
9811415999,9560932970

Virender Kumar Kerketta (#TTC4499) , 52y7m , M | +91-9868188641 | 06-07-2024

Chief complaints

Pt. complains of broken tooth in the right upper back teeth region since 2 weeks

History & Examinations

Faulty restoration wrt 16 , Rct treated wrt 17

Investigations

Iopa wrt 16

Rx

Medicine Name	Duration	Dosages	Instructions
GARGLE Betadine Big Mint Gargle 100ml POVIDONE IODINE	10 day(s)	1 - 0 - 1	After brush start from tomorrow

Advice

Miracle mix restoration done wrt 16.

Electronically Signed by:

(Reg No.: A-11493)
Dentist

App No. 20240900282

App. no: 20240900282
Amt: 14,995/-

H 21 HEALTH CARE
House No. 21, Pocket - H, Sarita Vihar
New Delhi - 110076

App No. 20240900282

2

THE TOOTH CLINIC

DR SHOURYA POSWAL
(BDS, MDS)
ENDODONTIST and IMPLANTOLOGIST
Redg. No. A-11493
9811415999,9560932970

Virender Kumar Kerketta (#TTC4499) , 52y7m , M +91-9868188641 06-Jul-2024 at 09:07 PM

Treatment Plan by : Shourya Poswal

#	Treatment	Qty	Cost (INR)	Final Cost (INR)
1	Consultation	1	500.00	500.00
2	X ray	1	200.00	200.00
3	Composite Resin Filling (one surface)	1	1,700.00	1,700.00

Grand Total : 2,400.00 INR

Electronically Signed by:

(Reg No.: A-11493)
Dentist

H 21 HEALTH CARE
House No. 21, Pocket - H, Sarita Vihar
New Delhi - 110076

App No. 20240900282

3

TAX INVOICE

ASHIRWAD PHARMACY

SHOP NO-10, POCKET- C MARKET SARITA VIHAR NEW DELHI-110076

Ph. 8929505528 , 7291905528 , 011-46514056

No: 07ACFFA4917M1Z6 L.No.: RLF20DL2024001646 , RLF21DL2024001656

INVOICE NO. : 3014 DATE : 06/07/2024

NAME: VIRANDER KUMAR Pr.By: Dr. SHOURYA POSWAL

ADDRESS: G-89

Sr.	QTY.	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RATE	AMOUNT
1.	1	BETADINE MINT GARGLE 100ML	PC0374	08/25	3004	12	304.00	304.00

INCL. GST DETAILS

271.42 X 12 %= 32.58 .

CGST : 16.29

SGST : 16.29

TOTAL AMT: 304.00

Net Amt.(R/O): 304.00

All disputes are subject to Delhi Jurisdiction.

Goods once sold will not be taken back.

For ASHIRWAD PHARMACY

App No. 20240900282 4

bharwal
rology)
Urologist, Andrologist & Robotic Surgeon
Endourology and Robotic Surgery
ealth System, Miami, USA
No. 25218

Accredited by
Joint Commission International

Indraprastha Apollo HOSPITALS
TOUCHING LIVES

13/07/24

APD1.0010923205
MR. VIRENDER KUMAR KER KETTA
Age: 52Year(s) Year(s)/Male
13 Jul 2024 3:54:10 PM

PMH
DM (+) controlled.

90 Penile foreskin cuts.
Erection - WNL.
Int mild bothered

O/E Phimosis (+) Tight

Adv

1. ESR circumcission ↓ LA
2. Pt will inform.
3. T-Bact ointment. LA

For Appointments:
Dr. Ashish Sabharwal Cell: 0091-9999059016

Indraprastha Apollo Hospitals Sarita Vihar, Delhi-Mathura Road. New Delhi-110076 (INDIA)
Website: https://prostatecancertreatmentinindia.com
E-mail : urodoc2011@gmail.com
OPD : Gate No. 10, Ground Floor

App No. 20240900282

Indraprastha Apollo HOSPITALS
TOUCHING LIVES

The Emergency Specialist
DIAL 1066
Saving time. Saving lives

GSTIN : 07AAACI2398N1Z4 | **OP Cash Bill - Bill of Supply** | Reference No : NHPC

Name : Mr. VIRENDER KUMAR KERKETTA
Age : 52Yr 7Mth 12Days
Sex : Male
Father Name : IGNACE KERKETTA
Address : G-89,SARITA VIHAR New Delhi Delhi India 110076, CellNo:91-9868188641
Pan Number:

UHID: APD1.0010923205
OP Number: DEL1OPP4856895

Doctor's Name : Dr. ASHISH SABHARWAL
Speciality : UROLOGY

Bill No : DEL-OCS-4127340
Date : 13-Jul-24 Time : 15:55:11

Bill Amount: ₹. 1,100.00

FOR APOLLO HOSPITALS

Amount in words: ₹ One Thousand One Hundred Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	**Consultation(999311)**					
1	OP Consultation - First Visit	Medical	1	1,100.00	0.00	1,100.00
					Sub Total	1,100.00

Service Amount :	1,100.00
Total Bill Amount	1,100.00
Final Payment (Cash:0.00, NonCash:1,100.00)	1,100.00

No Tax is Payable on Reverse Charge Basis
Receipt Details: Received with thanks sum of ₹. 1,100.00 (CARD)
₹ One Thousand One Hundred Only From Mr. VIRENDER KUMAR KERKETTA

Authorized Signatory

* Denotes Cancelled Services
(QR) Denotes Quick Registration

Mrs. Shweta Bhardwaj
Cashier

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

For enquiry & appointments contact : 011-26925801 / 26925858
Indraprastha Apollo hospitals, Sarita Vihar, Delhi-Mathura Road, New Delhi 110 076.
Phone : +91-11- 26925801, 26925858, Fax : +91-11-26823629, Email: infodelhi@apollohospitals.com

App No. 20240900282

6

AcuVision Eye Center

AV21095 : **Mr.Vivian Vaibhav Kerketta (22y, Male)** - 8750044220 **Date** : 13-Jul-2024

Visual Acuity

	Right Eye	Left Eye
Unaided	6/6	6/6P

Glass Prescription

	Right Eye				Left Eye			
	SPH	**CYL**	**Axis**	**V/A**	**SPH**	**CYL**	**Axis**	**V/A**
DV	0.00			6/6		+0.50	90	6/6

Clinical Notes: ABNORMAL COLOUR VISION
CONTARST WNL

Complaints: PROBLEM IN BRIGHT LIGHT

Diagnosis: DRY EYE, CONVERGENCE INSUFFICIENCY

℞

Medicine Name	Dose	Frequency	Duration	Notes
DRP. HYVUE (SODIUM HYLORONATE + DPENTHANOL)	**1 — 1 — 1**	Daily	2 Months	one drop in both eye

Advice: eye exercise on card

Next Visit: 3 months (11-Oct-2024 - Friday)

Dr. Sunita Lulla Gur
DMC Reg. 4480

Dr. SUNITA LULLA GUR
MBBS, MS OPHTHALMOLOGY
Director & Senior Eye Surgeon
ACUVISION EYE CENTER
DMC [illegible]

App No. 20240900282

7

AcuVision Eye Center

First Floor, Manushi Sadan, 3A, Maharaja Agrasen Marg,

Bill cum Receipt

Patient Name : Mr Vivian Vaibhav Kerketta(22y, M)
Mobile Number : 8750044220
Patient ID : AV21095
Referred by : ---

Bill Date : 13-Jul-2024 04:31:26 PM
Bill Number : #19150
Bill Status : PAID

#	Service Particulars	Price	Net. price
1	Consultation Fees	650	650

Payment Mode : CARD
SIX HUNDRED FIFTY RUPEES ONLY

Billed Amount : 650
Final Amount : 650
Received Amount : 650
Balance Amount : 0

ACUVISION CENTER ★ New Delhi 110076 ★ Pkt.-B, Sarita Vihar ★

Dr. Sunita Lulla Gur
DMC Reg. 4480

App No. 20240900282

8

AcuVision Eye Center

First Floor, Manushi Sadan, 3A, Maharaja Agrasen Marg,

Bill cum Receipt

Patient Name : Mr Vivian Vaibhav Kerketta(22y, M)
Mobile Number : 8750044220
Patient ID : AV21095
Referred by : ---

Bill Date : 13-Jul-2024 05:27:04 PM
Bill Number : #19162
Bill Status : PAID

#	Service Particulars	Price	Net. price
1	HYVUE EYE DROP	230	230
2	VISION CHARTS	300	300

Payment Mode : CARD
FIVE HUNDRED THIRTY RUPEES ONLY

ACUVISION CENTER ★ New Delhi 110076 ★ Pkt.-B Sarita Vihar

Billed Amount : 530
Final Amount : 530
Received Amount : 530
Balance Amount : 0

Dr. Sunita Lulla Gur
DMC Reg. 4480

. S. Kohli
S., M.S. (E.N.T.)
ECIALIST : EAR, NOSE, THROAT
Regn. No. 3664 (D.M.C.)
24 JUL 2024

RES.: B-456, Sarita Vihar
New Delhi - 110076
Consultation Timings:
10.00 A.M. to 1.00 P.M.
5.00 P.M. to 8.30 P.M., Tel. 41403388
(Sunday Evening Closed)
Mobile : 9810487152

24/7/2024
6.45 pm

Mrs Prabha Syed 1 female
G-89
Sarita Vihar
N Delhi

H/o having
Prolonged
QT interval

No/o hypothyroidism
HTN
DM

C/o - Feeling of
weakness / Tiredness
off & on
3 day

Temp
97.4°F (Took Dolo at 5:30pm)
Pulse 82/min
BP 104/78 mmHg
RR 18/min

H/o sore throat 2 days back
but now no
sore throat.
H/o pain in Tooth
(L) upper jaw
O/E, Tenderness in Tooth
(L) upper jaw tr.

Adv
To consult dental surgeon for needful treatment

Adv
- CBC, ~~ESR~~, ~~PS~~
- NS1 antigen, IgM antibodies to Dengue fever virus
- Smear for Malarial parasite
- Typhidot test (IgM) ~~only~~ URINE Routine M/E
- To review with reports

yrs

App No. 20240900282

RECEIPT

No. 1162

Date 24/07/2024

Received with thanks a total sum of Rs. 1200/-

(In Words Rupees twelve hundred only)

from Mr./Mrs. Mrs. Pratima Rpf 89, Sarita Vihar New Delhi

towards charges, as per the following :

(1) Rs. 1200/- Consultation

(2) Rs. _____

(3) Rs. _____

(4) Rs. _____

online paid

Dr. S.S. Kohli

M.B.B.S., M.S. (ENT)

Specialist : EAR, NOSE, THROAT

B-456, Sarita Vihar, New Delhi-110076

REGN. No. 3664 (D.M.C.)

पुनीत

App No. 20240900282

11

Lal PathLabs

49885050 (National Customer Care)
Customer.Care@lalpathlabs.com

FPSC GROUP CARE MEDICAL

G-52, SARITA VIHAR, OPPOSITE POCKET C MARKET, NEW DELHI, SOUTH E, NEW DELHI, SOUTH DELHI, DELHI, 110076

9599506013

AUTHORISED COLLECTION CENTER

INVOICE CUM CASH RECEIPT

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

178763892

Patient Name	Ms. PRATIMA KERKETTA	**Invoice cum Receipt no**	OIDL240725040706535628
Age & Sex	52 year(s) / Female	**Lab No**	**178763892**
Ref. Doctor	Dr S S KOHLI	**LPL Client Code**	CC7133
Contact No	9718386140	**Reporting Location**	FPSC GROUP CARE MEDICAL & DIAGNOSTIC CENTRE
Date & Time	25-07-2024 09:37:44		

S.No.	Test Code	Test Name	Estimate of report by #	Amount (Rs.)
1	U001	URINE EXAMINATION, ROUTINE; URINE, R/E	25-07-2024 17:00	120
2	H062	TYPHI DOT/ SALMONELLA TYPHI IGM	25-07-2024 16:00	450
3	H030	MALARIA PARASITE / BLOOD PARASITE IDENTIFICATION	25-07-2024 18:00	130
4	S216	DENGUE FEVER IgM ANTIBODY, EIA	26-07-2024 15:00	600
5	S225	DENGUE FEVER NS1 ANTIGEN, EIA	25-07-2024 19:00	600
6	Z021	COMPLETE BLOOD COUNT; CBC	25-07-2024 17:00	350
			Order Value:	2250
			Home Collection Charges:	0
			Total Order Value :	2250
			Net Payable Amount :	2250
			Paid Amount:	2250
			Balance Amount:	0

Note:

1. Please check your Name, Tests and contact details. These will be used to send Report related notifications.
2. To download the Reports, please visit www.lalpathlabs.com or Download the App and click on 'VIEW ALL YOUR TEST REPORTS'.
3. Enter Lab No. (as given on receipt) as your Lab/Visit ID' and your surname (as given on receipt) as password. e.g. if your name is RAM KUMAR, then KUMAR is your Password.
4. Partially paid or unpaid reports cannot be accessed on the Website or App.
5. You can now get the Cumulative Report (One Report for all your Values) by downloading the App and creating an account with the same mobile number given at the time of registration. All your previous reports will also be available on the same dashboard. Download the App now from Play Store/ App Store
6. Services provided hereunder are healthcare services which are exempt from GST under serial no. 74 of notification 12/2017 - Central Tax(Rate).
7. # Reports may be delayed due to unforseen circumstances; inconvenience regretted.
8. * Report will be available as per the Schedule of test.
9. By accepting this invoice / transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Dr. Lal PathLabs Privacy Policy and Terms of Use (also available on the website).

For FPSC GROUP CARE MEDICAL

Authorised Signatory

Download Our App:

Download our apps from these links to access our services & reports on digital platform seamlessly

GET IT ON Google Play | Download on the App Store

App No. 20240900282

12

NHPC Limited,Corporate Office,Faridabad

NHPC C.O., Sector 33, Faridabad, Haryana

OPD Prescription

CR No. : **120012200001828**	Date & Time दिनांक समय: **29/07/2024**	Category श्रेणी: **EMP**
Employee Id कर्मचारी आईडी: **120715L**	Employee Name कर्मचारी का नाम: **PRATIMA KERKETTA**	Relation with Employee कर्मचारी के साथ संबंध: **SELF**
Patient Name रोगी का नाम : **Pratima Kerketta**	Age/Gender उम्र और लिंग: **52 Yr/F**	Father/Spouse/Mother Name पिता/जीवनसाथी/ माता का नाम : **Victor Minj**
Mobile No. मोबाइल नंबर: **9718386140**	Department(Unit/Consultant) विभाग(यूनिट/ परामर्शदाता): **Medicine/OPD 1**	Unit Head. यूनिट प्रमुख: **NA**

DIAGNOSIS ADVICE रोग-निदान सलाह:

FOLLOW UP :	SOS

INVESTIGATION ADVICE जांच सलाह:

Medicine Rx :

S. No	Drug	Dosage	Frequency	Days	Quantity	Instruction
1	CAP ECOSPRIN AV 75/20	1 Capsule	At Bed Time	60 Days	60	

Signature of Consultant / Resident :

Dr Sujit Kumar Shukla

29/7/2024

Bill No. : 1106#2701003/6 102-APOLLO ADVANTAGE D
Date / Time : 2024-Jul-29 06:43:00 PM
Terminal No. : 001 Cont. No. : 9718386140
Name : PRATIMA KERKETTA
Ref. No. : 9718386140 -
Dr. : SUJIT KUMAR SHUKLA 3036446719

Apollo Pharmacy
(Apollo Pharmacies Limited)
Toll No: 1860 500 0101
Website: www.apollopharmacy.in

C.GSTIN :

Branch : SARITA VIHAR MARKET-H
Address : SHOP NO 15 MARKET H LSC SARITA
Tel. No. : 011-29945961,8826992270
DL. No. : DL-3OR-138963-20/138964-21
GSTIN : 07AAFCA5954P1ZT
FSSAI : 13221010000712

13

App No. 20240900282

INVOICE

QTY.	ITEM NAME	HSN CODE	MFRS	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
60	ECOSPRIN AV 75/20MG CAP 10	30049062	USV	AP624071	Oct-25	H	4.32	6.00	6.00	231.43	259.20

CGST=259.20 GST=12.00% CGST=13.89 SGST=13.89

Total :	259.20
Discount:	0.00
Net Total:	259.20

CIN : U52500TN2016PLC111328 **Registered Office:** No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai - 600028

Admin Office: (For all correspondence) All Towers, III rd Floor, No. 55, Greams Road, Chennai - 600006 (044) 2829 0956

* DPCO Items No Tax is Payable on reverse Charges basis

QR Code was digitally displayed to the Customer at the time of transaction)

For Apollo Pharmacy-Pharmacist

E & O.E. Goods once sold cannot be taken back or exchanged
INSULINS AND VACCINES WILL NOT BE TAKEN BACK

EMERGENCY CALL : 1066

App No. 20240900282

16. M F-49

No: 701992

Patient Name : Mr.VIRENDER KERKETTA

Relation : S/O MR IGNACE KERKETTA
Sex / Age : Male / 52Y 8M 9D
DOB : 01/12/1971
Address : G-89,SARITA VIHAR

Telephone : 0 /
Nationality :
UHID/MR NO : P10.021299
Print DT&TM : 09/08/2024 9.20 AM

HOLY FAMILY HOSPITAL,
OKHLA ROAD, NEW DELHI- 110025

NABH ACCREDITED
DEPARTMENT OF EMERGENCY MEDICINE
INITIAL ASSESSMENT SHEET

Triage Priority	1 2 (3) 4 R Y G B
Time Of Arrival:	8.50 am
Pain Score :	4/10
Seen by Dr.: Gavinder	Time: 8:55 am
Type	☐ MLC ☑ Non MLC
Allergy (if any): -	NK
Important:	

IMMEDIATE ASSESSMENT: Pulse: 92 bpm B.P: 110/80 mmHgRR: 20 breath/min Temp: 36 °C

SpO2: 98 (on air/O2 1 /min)RBS: 188 mg/dl LMP: — Assigned S/N: Stagila / 90444.

AIRWAY: Patent / compromised

BREATHING: Normal / Distress

CONSCIOUSNESS
Awake/ Alert
Respond Verbal Commands or Pain
Unresponsive

GCS: E-4 V-5 M-6
Pupils Size: R N L N
RTL: Sluggish / Brisk / Absent

Presenting Complaints:

c/o Pain Abdomen : yesterday today 1sd
Nausea (+)

H/O Fever, SOB, Vomiting, LOC
H/O Bladder Abnormality

On Examination:

General: Severity
PA: Diffuse mild Tenderness.
Systemic :

CVS: S1S2 (+)
RS: B/L AE (+)
CNS: Conscious, Oriented

Past Medical History: T2DM
Provisional Diagnosis: ? AGE / Pain Abdomen ↓ Evaluation

Inv:	CBC	VBG	ABG	KFT	S.E	PT/INR	ECG	TROP I	S.Amylase / S.Llipase
Radiology:	CXR	Pelvis Xray	Xray - Abdomen E / S	C-Spine	USG	NCCT Brain	RBS	Others:	Urine R/E , C/S UPT

TREATMENT ADVISED:

DRUG NAME	DOSE	ROUTE	FREQUENCY	SIGN. OF DR. & TIME	SIGN. OF STAFF &TIME
INJ PANTOP	40mg	I/V	Stat	9:30 AM	Anjali 9:15 am
INJ EMESET	4mg	I/V	Stat		
INJ BUSCOPAN	20mg in	100ml NS	I/V Stat		
INJ DYANAPAR	1.5mg	in 100ml NS	I/V Stat		

Ans

REFERENCE: - MEDICINE / CARDIOLOGY/ SURGERY/ ORTHO /GYNAE/ OTHERS :

REASSESSMENT : stable.

Vitals at the time of Admission/ Discharge / Transfer TIME:-	Temp.:-..... P/R...../min B.P.....mm/Hg R/R...../min SpO2.....

DISCHARGE MEDICATIONS: DIET:

DRUG NAME	DOSE	ROUTE	FREQUENCY	DAYS
Tab. METROGYL	400mg	PO	1—1—1	3 day
Tab. PAN-D.	1 Tab	PO	1—0—1	
Syp MUCAINE GEL	10ml	PO	1—1—1	
Tab BUSCOPAN	1 Tab	PO	SOS.	

Other instructions: If your condition worsens at any time, you should see a doctor or return to the emergency department immediately.

FOLLOW UP: -Dr.: On call Specialty: MOPD after 1-2 days

In room no 14, 14A Registration Time: _____

Stable ☑ Pain ☐ Critical ☐ Name & signature of Doctor

Dr DINESH

DISCHARGE: I have received and understood the discharge instruction given to me by the doctor.

Name & Signature of Patient/ Attendant: Date &Time: 9/8/24 at 12:30 pm

Refused Admission/Left Against Medical Advice:

It has been explained in our spoken language that the patient needs to be admitted in the hospital for further treatment. We have been told about the possible consequence if the patient is not hospitalized and the risks during transportation. Having understood the above to our satisfaction, we would not like to admit the patient &get the patient discharge.

चिकित्सा सलाह के खिलाफ अस्पताल से छुट्टी

हमें हमारी समझ आने वाली भाषा में बताया गया है कि हमारे मरीज को इलाज के लिए अस्पताल में भर्ती करने की जरूरत है। हम मरीज को भर्ती नहीं करवाना चाहते। हमारे इस निर्णय की हम पूरी जिम्मेदारी लेते हैं। हम किसी भी परिणाम के लिए होली फैमिली अस्पताल के डॉक्टर या कर्मचारी को जिम्मेदारी नहीं ठहरायेंगे।

Name & Signature of Patient / Attendant: Relation: Date & time:

App No. 20240900282

16

Form No. - 257

HOLY FAMILY HOSPITAL

EMERGENCY DEPARTMENT REASSESSMENT

Patient Name: VIRENDER Age: 52yr

M.R No : 701992 Gender : Male / Female

Time: 10:20AM HR- 90 bpm B.P: 110/70 mmHg SPO2- 97 %RA on O2 R.R - 20 br/min Pain Score : 2/10 Sign. of S/N: Mouni 8999.	S/B Dr. DIVYA Time: 10:30AM Relevant Investigation: Patient condition: Stable Plan: RIV Trop Sign. of Doctor:
Time: 11:20AM HR- 92 bpm B.P: 110/70 mmHg SPO2- 98 %RA on O2 R.R - 20 br/min Pain Score : 2/10 Sign. of S/N: Mouni 8999	S/B Dr. DIVYA Time: 12:30pm Relevant Investigation: Patient condition: Stable Plan: RIV T trop Sign. of Doctor:
Time: HR- 96 bpm B.P: 110/70 mmHg SPO2- 98 %RA on O2 R.R - 20 br/min Pain Score : 0/10 Sign. of S/N:	S/B Dr. DIVYA SP. Time: 12:30pm Relevant Investigation: Patient condition: Stable Pain settled O/c food intake (+) Plan: Sign. of Doctor: for DIVYA S.

Hb 15.2
TLC 10100
PLT 176,000

App No. 20240900282

17

Holy Family Hospital

OKHLA ROAD NEW DELHI - 110 025

Ph 011-44020000 / 011-35034000

HFH Delhi

OPD BILL OF SUPPLY

CASH BILL

Room No

MR No	: 701992		
Patient Name	: Mr.VIRENDER KERKETTA	Receipt No	: 240813969
Sex / Age	: Male / 52Y 8M 1D	Receipt Date	: 09/08/2024
Relative	: S/O MR IGNACE KERKETTA	Receipt Time	: 9 07 AM
Doctor Name	: Dr Cmo	Mobile No	: 0 0
Speciality	: CASAULTY DOCTORS	Type	: General
Nationality	: INDIAN	Source	: HFH
Category	: CASUALTY	Bag No	-

Billed Services

S.No	Code		Performing Doctor	Qty	Rate	Emer.Rate	Disc	Net Amt
1	MED006	CONSULTATION	Dr Cmo	1	500 00	0 00	0	500

Payment Details :

Pay Mode	Amount	Card No / Cheque No
Cash	500	0

Total Bill Amount	:	500 00
Concession	:	0 00
Total Net Amount	:	500 00
Advance Adj.	:	0 00
Paid Amount	:	500 00
Balance	:	0 00

Received with thanks from Mr.VIRENDER KERKETTA . A sum of Rs. 500.0 /- Only

Amount In Words : Rupees five hundred only

Created By : 8410

Printed By : 8410

(MR No) 701992

Create Date & Time : 09/08/2024 9 07 AM

Print Date & Time : 09/08/2024 9 07 AM

(Authorised Signatory)

(Bill No) 240813969

Note : Kindly reach out to our website for online reports -> www.hfhdelhi.org - Online Reports. User Name & Password is given below.
Reports available online.

User Name : 240813969

Password : AB2604177

App No. 20240900282

18

Holy Family Hospital

OKHLA ROAD NEW DELHI - 110 025

Ph 011-44020000 / 011-35034000

HFH Delhi

OPD BILL OF SUPPLY

CASH BILL

MR No	: 701992	Receipt No	: 240814011
Patient Name	: Mr.VIRENDER KERKETTA	Receipt Date	: 09/08/2024
Sex / Age	: Male / 52Y 8M 1D	Receipt Time	: 9 20 AM
Relative	: S/O MR IGNACE KERKETTA	Mobile No	: 0 / 0
Doctor Name	: Dr Cmo	Type	: General
Speciality	: CASAULTY DOCTORS		
Nationality	: INDIAN		
Category	: CASUALTY	Source	: HFH
		Bag No	-

S.No		Code	Performing Doctor	Qty	Rate	Emer.Rate	Disc	Net Amt
Billed Services								
1	=	HAE007	CBC (COMPLETE BLOOD COUNT)	1	360 00	0 00	0	360
2	=	CCH006	AMYLASE	1	390 00	0 00	0	390
3	=	CCH042	LIPASE-SERUM	1	560 00	0 00	0	560

Payment Details :

Pay Mode	Amount	Card No / Cheque No
OnlinePayment	1310	422250379935

Total Bill Amount	:	1310 00
Concession	:	0 00
Total Net Amount	:	1310 00
Advance Adj.	:	0 00
Paid Amount	:	1310 00
Balance	:	0 00

Received with thanks from Mr.VIRENDER KERKETTA . A sum of Rs. 1310.0 /- Only

Amount In Words : Rupees one thousand three hundred and ten only

Created By : 8410

Printed By : 8410

(Authorised Signatory)

(MR No) 701992

Create Date &Time : 09/08/2024 9 20 AM

Print Date & Time : 09/08/2024 9 21 AM

(Bill No) 240814011

Note : Kindly reach out to our website for online reports -> www.hfhdelhi.org - Online Reports. User Name & Password is given below.
Reports available online.

User Name : 240814011

Password : AB2604229

पूर्णिमा

App No. 20240900282

Holy Family Hospital

OKHLA ROAD, NEW DELHI - 110 025

Ph : 011-44020000 / 011-35034000

19

Token 78

INVOICE CUM RECEIPT

GSTIN : 07AACAT0285B1ZU
Place Of Supply : DELHI

Dept : CASUALTY
DL No :

Hosp No	: 701992	Bill No	: 22230280074113	Patient	
Patient Name	: Mr. . VIRENDER KERKETTA	Bill Date	: 09/08/2024	CASUALTY	
Age / Sex	: 52 / Male	Bill Time	: 12 33 PM		
Doctor Name	: Dr CMO	Phone No	: 0		
Company Name	:	Address	: G-89 SARITA VIHAR		
		State	: Delhi		

Issued On Date 09/08/2024, Invoice No :- 22230280074113

S.No	Particulars	Qty	Batch No	Exp Date	Rate	Amount	Concessio
1	I.V CANNULA 20G VIGGO	1	B40139/0079	30/05/29	240 00	240 00	0 00
2	SYRINGE EMERALD 10ML WITH NEEDLE (21 X 1/2) BD	1	4078240	28/02/29	18 50	18 50	0 00
3	SYRINGE 2ML (22GX 1) (B BRAUN)	2	24D13M8201	30/03/29	11 00	22 00	0 00
4	IV INFUSION SET POLYMED	1	6107124D	28/03/29	150 00	150 00	0 00
5	IV SERVICE CHARGES (COST OF I.V. EXTRA)	1	C0224	31/12/30	60 00	60 00	0 00
6	BLUDEC -AQ 1ML INJ.	1	JDLI618	31/08/25	24 97	24 97	0 00
7	PANCRUZ 40MG INJ	1	N24061B-	31/05/26	56 50	56 50	0 00
8	BUSCOGAST INJ.	1	0324006	31/12/26	12 59	12 59	0 00
9	I.NS 100ML (P) RUSOMA	2	NIRA208-	30/04/26	47 09	94 18	0 00
10	INJ. GIVING CHARGES	2	C0224	31/12/26	50 00	100 00	0 00
11	NEEDLE DISPOSABLE 24X1	1	26463L	31/05/29	2 00	2 00	0 00

CGST Amt	: 33 28	Total Amount	: 780 74
SGST Amt	: 33 28	Concession Amount	: 0 00
IGST Amt	: 0	Net Amount	: 781 00
Taxable Amt	: 714 24	Paid Amount	: 780 74
		Refund Amount	:
		Due Amount	: 0 00
Prepared By	:53	Net Pay Rs	: 0 00

PMT MODE

S.NO	Payment	Card No	Amount
1	Online	4222021 57073	781

Recieved Rs Rupees only

E & O Expected, Drugs Sold Can Not be Returned.

ydns

App No. 20240900282

20

Holy Family Hospital

OKHLA ROAD NEW DELHI - 110 025

Ph 011-44020000 / 011-35034000

HFH Delhi

OPD BILL OF SUPPLY

CASH BILL

MR No	: 701992		
Patient Name	: Mr.VIRENDER KERKETTA	Receipt No	: 240814788
Sex / Age	: Male / 52Y 8M 9D	Receipt Date	: 09/08/2024
Relative	: S/O MR IGNACE KERKETTA	Receipt Time	: 12 33 PM
Doctor Name	: Dr Cmo	Mobile No	: 0 / 0
Speciality	: CASAULTY DOCTORS	Type	: General
Nationality	: INDIAN	Source	: HFH
Category	: CASUALTY	Bag No	-

Billed Services

S.No	Code		Performing Doctor	Qty	Rate	Emer.Rate	Disc	Net Amt
1	TRE042	SPOT RBS		1	70 00	0 00	0	70

Payment Details :

Pay Mode	Amount	Card No / Cheque No
OnlinePayment	70	422202157073

Total Bill Amount	:	70 00
Concession	:	0 00
Total Net Amount	:	70 00
Advance Adj.	:	0 00
Paid Amount	:	70 00
Balance	:	0 00

Received with thanks from Mr.VIRENDER KERKETTA . A sum of Rs. 70.0 /- Only

Amount In Words : Rupees seventy only

Created By : 53

Printed By : 53

(MR No) 701992

Create Date & Time : 09/08/2024 12 33 PM

Print Date & Time : 09/08/2024 12 33 PM

(Authorised Signatory)

(Bill No) 240814788

Note : Kindly reach out to our website for online reports -> www.hfhdelhi.org - Online Reports. User Name & Password is given below.
Reports available online.

User Name : 240814788

Password : AB2605190

yAni

App No. 20240900282

4

Holy Family Hospital

OKHLA ROAD, NEW DELHI - 110 025

Ph : 011-44020000 / 011-35034000

Token 79

INVOICE CUM RECEIPT

GST No :07AACAT0285B1ZU
Place of Supply : DELHI

Dept : POPD PHARMACY
DL No : 117283 , 117284

Reg No	:701992	Bill No	:22230320083158
Patient Name	:Mr. . VIRENDER KERKETTA	Bill Date	:09/08/2024
Age / Sex	:52 / Male	Bill Time	:12.58 PM
Doctor Name	:Dr. CMO	Phone No	:0
Company Name	:	Address	:G-89,SARITA VIHAR
		State	:Delhi

Patient: CASUALTY

Issued On Date 09/08/2024, Invoice No :- 22230320083158

S.No	Particulars	Qty	Batch No	Exp Date	Rate	Amt	Conc	Taxabl	CGST %	CGST Amt	SGST %	SGST Amt	IGST %	IGST Amt
1	FLAGYL 400MG TAB.	10	FL A24009	28/02/27	1 70	17 00	0 00	15 18	6	0 91	6	0 91	0	0 00
2	PANCRUZ - D CAP.	6	SC 230198-*	31/05/25	10 30	61 80	0 00	55 18	6	3 31	6	3 31	0	0 00
3	MUCAINE GEL (ORANGE)	1	2420452E	31/01/27	221 07	221 07	0 00	197 38	6	11 85	6	11 85	0	0 00
4	BUSCOGAST TAB.	4	HSA24002*	31/01/27	4 04	16 16	0 00	14 43	6	0 87	6	0 87	0	0 00

CGST Amt	:	16.94	
SGST Amt	:	16.94	
IGST Amt	:	0	
Taxable Amt	:	282 17	
Total Amount	:		316.03
Concession Amount	:		0.00
Net Amount	:		316.00
Paid Amount	:		316.03
Refund Amount	:		
Due Amount	:		0.00
Net Pay Rs	:		316.03

PMT MODE

S.NO	Payment	Card No	Amount
1	Online		316

Prepared By :325

Recieved Rs Rupees three hundred and sixteen only

E & O Expected, Drugs Sold Can Not be Returned...

gAns

App No. 20240900282

22

THE TOOTH CLINIC

DR SHOURYA POSWAL
(BDS, MDS)
ENDODONTIST and IMPLANTOLOGIST
Redg. No. A-11493
9811415999,9560932970

Pratima Karketta (#TTC4680) , 52y8m , F | +91-9718381640 | 10-09-2024

Chief complaints

General Check up

History & Examinations

Stains +, Calculus +

Investigations

iopa wrt 25

℞

Medicine Name	Duration	Dosages	Instructions
TABLET KETOROL DT KETOROLAC TROMETHAMINE	3 day(s)	1 - 0 - 0	SOS (For Emergency Only)
MOUTHWASH Warm Saline Rinses	7 day(s)	1 - 1 - 1	After food
TOOTH PASTE SENSODYNE RAPID RELIEF TOOTHPASTE Nutritional Supplement	1 month(s)	1 - 0 - 1	
Brush interdental tooth brush	1 month(s)	1 - 1 - 1	After food
CAPSULE BECOSULES VITAMIN B+VITAMIN C+ZINC	7 day(s)	1 - 0 - 0	
GENERAL STOLIN GUM ASTRINGENT Cetrimide+Tannic Acid+Zinc Chloride	7 day(s)	1 - 0 - 1	

Dr. Shourya Poswal
A-11493 (DEL) B.D.S.,M.D.S.
Dentist | Endodontist | Implantologist
THE TOOTH CLINIC

Electronically Signed by:

(Reg No.: A-11493)
Dentist

App No. 20240900282

DR SHOURYA POSWAL
(BDS, MDS)
ENDODONTIST and IMPLANTOLOGIST
Redg. No. A-11493
9811415999,9560932970

Pratima Kerketta (#TTC4680) , 52y8m , F | +91-9718381640 | 10-Sep-2024, 06:07pm

Received with thanks, amount of 2,500.00 INR towards the following:

Receipt ID: RCPT4351

Bill Number : Tooth Bill4708

#	Treatment	Qty	Cost (INR)	Final Cost (INR)
1	Consultation	1	500.00	500.00
2	X ray	1	200.00	200.00
3	Scaling and Prophylaxis	1	2,000.00	2,000.00

Overall discount : 200.00 INR

Grand Total : 2,500.00 INR

Mode of Payment : online

Total In Words : *Rupees Two Thousand Five Hundred Only*

Dr. Shourya Poswal
A-11493 (DEL) B.D.S,M.D.S
Dentist | Endodontist | Implantologist

Electronically Signed by:

(Reg No.: A-11493)

Bill No. : 11064CS0380166 102-APOLLO ADVANTAGE CE
Date / Time : 2024-Sep-10 06:30:00 PM
Terminal No. : 002 Cont. No. 9718386140
Name : PRATIMA
Ref. No. : 9718386140 -
Dr. : SHOURYA POSWAL

Apollo Pharmacy
(Apollo Pharmacies Limited)
Toll No: 1860 500 0101
Website: www.apollopharmacy.in

C.GSTIN :

INVOICE

Branch SARITA VIHAR POCKET-H
Address SHOP NO 15 POCKET H LSC SARITA
Tel. No 011-29945961,8826997270
DL. No DL-BDR-136963-20/136964-21
GSTIN 07AAFCA5954P1ZT
FSSAI 13521010000712

App No. 20240900282

QTY.	ITEM NAME	HSN CODE	MFRS	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
1	* SENSODYNE RAPID RELIEF 8	33061020	GLAX	BSF24044	May-26	S	200.00	9.00	9.00	169.49	200.00
1	STOLIN GUM ASTRINGENT 15 M	30049069	DR R	BSG24010	Apr-26	H	105.75	6.00	6.00	94.42	105.75
7	BECOSULES Z CAPS	30045039	PFIZ	2430049N	Sep-25	H	3.05	6.00	6.00	19.06	21.35
1	* POND'S RE NIACINAMIDE AN	34013090	HIND	B193	Apr-26	S	98.00	9.00	9.00	83.05	98.00

CASH: 425.10 GST 12.00% CGST:6.91 SGST:6.91 GST 18.00% CGST:22.

Total :	425.10
Discount:	0.00
Net Total:	425.10

E & O.E. Goods once sold cannot be taken back or exchanged
INSULINS AND VACCINES WILL NOT BE TAKEN BACK

EMERGENCY CALL : 1066

CIN : U52500TN2016PLC111328 **Registered Office:** No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai - 600028

Admin Office: (For all correspondence) Ali Towers, III rd Floor, No. 55, Greams Road, Chennai - 600006

No Tax is Payable on reverse Charges basis

* DPCO Items

QR Code was digitally displayed to the Customer at the time of transaction

For Apollo Pharmacy-Pharmacist