



Final Bill 29041
Claim No - 1112485272602

City Institute of Medical Sciences

NH-19, Near, Radha Valley
Mathura Uttar Pradesh
India - 281004

Phone: 9258113570, 9258113571

Email: contact@cimsmathura.com

Website: cimsmathura.com

UHID	CIMS-17565	IP Number	IP-6385
Patient Name	Master Rishav Chaudhary	Admission Date Time	03-09-2024 05:51 PM
Age/gender	10 Y,5 M,18 D/Male	Admitting Doctor	Dr N.K. Agrawal
Interim No	INTBL-8500	Admitting Doctor Speciality	Paediatrics
Bed No./Ward	SD-1016(B)/Semi Deluxe	Treating Doctor	Dr N.K. Agrawal
Billing Category	Twin Bed	Treating Doctor Speciality	Paediatrics
Payer Name	Aditya Birla	Referred By	
Address	58 KRISHN DHAM RONCHI BANGAR BAD, Mathura, Uttar Pradesh, India		

Interim Bill Detail (Amount in Rs.)

Service Name	Service Code	Service Item Payer Code	Price	Discount	Date	Quantity	Service Bill Amount	Total Amount
IP Consultation								
Dr N.K. Agrawal/Paediatrics			1,500	0	03-09-2024	1	1,500	1,500
Dr Sachin Khandelwal/Urology			1,200	0	04-09-2024	1	1,200	1,200
Dr N.K. Agrawal/Paediatrics			1,200	0	05-09-2024	1	1,200	1,200
Dr N.K. Agrawal/Paediatrics			1,200	0	06-09-2024	1	1,200	1,200
								5,100.00
Pharmacy								
IP Medicine Charges			7,776	0	06-09-2024	1	7,776	7,776
								7,776.00
Pathology								
CBC (Complete Blood Count)	LAB0061		250	0	03-09-2024	1	250	250
Electrolytes Serum	LAB0763		410	0	03-09-2024	1	410	410
Blood glucose by glucometer	LAB0043		100	0	04-09-2024	1	100	100
CBC (Complete Blood Count)	LAB0061		250	0	05-09-2024	1	250	250
LFT (Liver Function Test) Profile	LAB0152		700	0	05-09-2024	1	700	700
KFT (Kidney Profile) -I	LAB0144		1,000	0	05-09-2024	1	1,000	1,000
								2,710.00
Radiology								
USG Abdomen Whole	RAD0351		1,955	0	05-09-2024	1	1,955	1,955
								1,955.00
Bed Charges								
ICU2			5,500	0	03-09-2024 05:51 PM / 04-09-2024 12:00 AM	1	5,500	5,500
Semi Deluxe			3,000	0	04-09-2024 12:00 AM / 05-09-2024 12:00 AM	1	3,000	3,000
Semi Deluxe			3,000	0	05-09-2024 12:00 AM / 06-09-2024 12:00 AM	1	3,000	3,000
								11,500.00

Payment Details

Date Time	Receipt Number	Mode	Transaction Type	Transaction No	Amount
03-09-2024 05:54 PM	ERCP-2402	Cash	Deposit		2,000

TOTAL Bill 29041 / -



Total Amount 29041.0
Net Amount 29041.0
Paid Amount 2000.0
Payer Amount 29041.0
Net Advance Amount 2000.0
Due Amount 27041.0
Net Patient Amount 29041.0

CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

Patient Name : RISHAV CHAUDHARY

Patient Address :

Doctor :

Dr Reg No.

PHONE NO. : 9045250933
EMAIL : citypharmacymathura@gmail.com

(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD
D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY031860 Date: 03-09-2024

TIME : 16:20

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	MIKACIN 100MG INJ	1	3004	ZV03A054	12/26		1	36.50	36.50	2.50	2.50	36.50
2.	NS 100ML	1*1	3004	50640566	7/27		2	47.10	47.10	6.00	6.00	94.20
3.	P 500ML	1*1	3004	2225661	11/24		1	187.00	187.00	6.00	6.00	187.00
4.	P 500ML	1*1	3004	2225661	11/24		1	187.00	187.00	6.00	6.00	187.00
5.	P 500ML	1*1	3004	2225661	11/24		2	187.00	187.00	6.00	6.00	374.00
6.	ACILOC INJ	1PC	3006	A23033	6/26		1	6.60	6.60	6.00	6.00	6.60
7.	ACILOC INJ	1PC	3006	A23033	6/26		1	6.60	6.60	6.00	6.00	6.60
8.	NS 500ML	1*1	3004	10640608	7/27		1	98.48	98.48	6.00	6.00	98.48
9.	NS 500ML	1*1	3004	10640608	7/27		1	98.48	98.48	6.00	6.00	98.48
10.	5ML SYRINGE	1*1	9018	24D16K91	3/29		2	19.50	19.50	6.00	6.00	39.00
11.	IC 24 NO	1	9018	B30063/0023	3/28		1	325.00	325.00	6.00	6.00	325.00
12.	WET WIPES	1	3822	W23259	11/25		1	544.00	544.00	9.00	9.00	544.00
13.	ZYSET 2ML INJ.	1*1	3004	GFP0605	2/26		1	13.35	13.35	6.00	6.00	13.35
14.	ZYSET 2ML INJ.	1*1	3004	GFP0605	2/26		1	13.35	13.35	6.00	6.00	13.35
15.	1ML SYRINGE	1	9018	G24E20964	4/29		1	20.00	20.00	6.00	6.00	20.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.

Prescribed Sales Tax declaration will be given.

Remark :

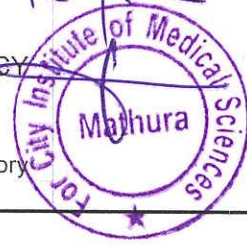
TOTAL C/F

2043.56

TOTAL BILL 7,776

For CITY PHARMACY

Authorised Signatory



CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

Patient Name : RISHAV CHAUDHARY

Patient Address :

Doctor :

Dr Reg No.

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EMAIL : citypharmacymathura@gmail.com

(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD

D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY031860 Date: 03-09-2024

TIME : 16:20

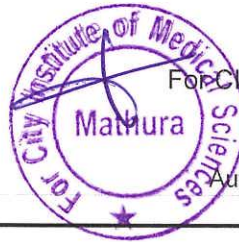
SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
								TOTAL B/F				2043.56
16.	20ML SYRINGE	1	9018	G23J020538	9/28		2	31.20	31.20	6.00	6.00	62.40
17.	CAN-O-FIX	1*1	3005	CF238	5/27		1	75.00	75.00	6.00	6.00	75.00
18.	CAN-O-FIX	1*1	3005	CF238	5/27		1	75.00	75.00	6.00	6.00	75.00
19.	NEEDLE 18G	1	9018	G24C020504	2/29		5	3.60	3.60	6.00	6.00	18.00
20.	NEL CATH 14"	1*1	9018	G24A010930	12/28		2	63.00	63.00	6.00	6.00	126.00
21.	PEDIATRIC DRIP SET	1*1	901890	G24E020507	4/29		1	307.00	307.00	6.00	6.00	307.00
22.	ROMOLENE FG 12	1*1	9018	G220910994	8/27		1	77.00	77.00	6.00	6.00	77.00
23.	RL STERIPORT 500 ML	1*1	3004	R1041478	6/27		1	72.75	72.75	6.00	6.00	72.75
24.	10 ML SYRINGE	1	901890	24D24K15	3/29		2	25.00	25.00	6.00	6.00	50.00
25.	3ML SYRINGE	1	901890	24A05K11	12/28		5	12.00	12.00	6.00	6.00	60.00
26.	ECG ELECTRODE	1*50	30045090	12224S08G0	2/26		5	31.00	31.00	6.00	6.00	155.00
27.	ECG ELECTRODE	1*50	30045090	12224S08G0	2/26		5	31.00	31.00	6.00	6.00	155.00
28.	IV SET NIPRO	1	9018	1032307	6/26		1	390.00	390.00	6.00	6.00	390.00
29.	MIKACIN 250MG INJ	1*1	300490	BLD240220	3/27		1	56.00	56.00	2.50	2.50	56.00

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Remark :



For CITY PHARMACY

Authorised Signatory

TOTAL C/F

3722.71

CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

Patient Name : RISHAV CHAUDHARY

Patient Address :

Doctor :

Dr Reg No.

PHONE NO. : 9045250933

EMAIL : citypharmacymathura@gmail.com

(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD
D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY031860 Date: 03-09-2024

TIME : 16:20

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
								TOTAL B/F				3722.71
30.	MONTAZ 500 INJ	1PC **	300490	BPK233387	9/25		1	140.00	140.00	6.00	6.00	140.00
31.	MONTAZ 500 INJ	1PC **	300490	BPK233387	9/25		1	140.00	140.00	6.00	6.00	140.00
32.	POTCL 10ML INJ	1*1	300490	KP1307474	2/26		2	26.70	26.70	6.00	6.00	53.40
33.	SUCTION CATH 14"	1*1	901890	G24A010898	12/28		1	81.00	81.00	6.00	6.00	81.00
34.	SUCTION CATH 14"	1*1	901890	G24A010898	12/28		3	81.00	81.00	6.00	6.00	243.00
35.	ZIG ZAG COTTON 100GM	1*1	5601	MS-1087	9/26		1	130.00	130.00	6.00	6.00	130.00

TOTAL GST : 502.44

Terms & Conditions

Goods once sold will not be taken back or exchanged

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Total Value of Bill : Rs. 4510.11**Your Savings : Rs. 0.11**

For CITY PHARMACY

Authorised Signatory

SUB TOTAL 4510.11
Round off -0.11

GRAND TOTAL 4510.00

INDIAN RUPEES Rs. Four Thousand Five Hundred Ten Only

CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

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(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD
D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY032082 Date: 04-09-2024

TIME : 15:21

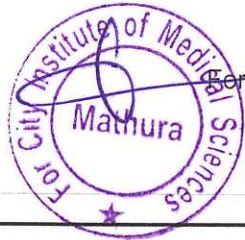
SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	MIKACIN 100MG INJ	1	3004	ZV03A054	12/26		1	36.50	36.50	2.50	2.50	36.50
2.	P 500ML	1*1	3004	2214653	11/24		2	170.00	170.00	6.00	6.00	340.00
3.	ACILOC INJ	1PC	3006	A23033	6/26		1	6.60	6.60	6.00	6.00	6.60
4.	ACILOC INJ	1PC	3006	A23033	6/26		1	6.60	6.60	6.00	6.00	6.60
5.	ACILOC INJ	1PC	3006	A23033	6/26		1	6.60	6.60	6.00	6.00	6.60
6.	GLOVE LOOZE 20 PCS	1	4015	LMEG-23K00			1	599.00	599.00	6.00	6.00	599.00
7.	HAND SANITIZER 100ML	1	2106	FDCHG24020	3/26		1	180.00	180.00	9.00	9.00	180.00
8.	IC 24 NO	1	9018	B30063/0023	3/28		1	325.00	325.00	6.00	6.00	325.00
9.	ZYSET 2ML INJ.	1*1	3004	GFP0605	2/26		1	13.35	13.35	6.00	6.00	13.35
10.	ZYSET 2ML INJ.	1*1	3004	GFP0605	2/26		1	13.35	13.35	6.00	6.00	13.35
11.	DIAPER M	1	3004	G24E083238	4/27		2	59.00	59.00	6.00	6.00	118.00
12.	10 ML SYRINGE	1	901890	24D24K15	3/29		4	25.00	25.00	6.00	6.00	100.00
13.	10 ML SYRINGE	1	901890	24D24K15	3/29		5	25.00	25.00	6.00	6.00	125.00
14.	3ML SYRINGE	1	901890	24A05K11	12/28		5	12.00	12.00	6.00	6.00	60.00
15.	BABY DIAPER NB10	1	9619				1	120.00	120.00	6.00	6.00	120.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
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Prescribed Sales Tax declaration will be given.

Remark :



For CITY PHARMACY

Authorised Signatory

TOTAL C/F 2050.00

CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

Patient Name : RISHAV CHAUDHARY.

Patient Address :

Doctor :

Dr Reg No.

PHONE NO. : 9045250933
EMAIL : citypharmacymathura@gmail.com

(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD
D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY032082 Date: 04-09-2024

TIME : 15:21

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
								TOTAL B/F		2050.00		
16.	BABY DIAPER NB10	1	9619				1	120.00	120.00	6.00	6.00	120.00
17.	KABIZOLAM 10ML INJ	1	3004	KBZ24001	12/25		1	66.30	66.30	6.00	6.00	66.30
18.	MIKACIN 250MG INJ	1*1	300490	BLD240220	3/27		1	56.00	56.00	2.50	2.50	56.00
19.	MIKACIN 250MG INJ	1*1	300490	BLD240220	3/27		1	56.00	56.00	2.50	2.50	56.00
20.	MONOCEF 250 INJ	1PC **	300490	BPE241253	10/26		2	31.75	31.75	6.00	6.00	63.50
21.	MONTAZ 500 INJ	1PC **	300490	BPK233387	9/25		1	140.00	140.00	6.00	6.00	140.00
22.	MONTAZ 500 INJ	1PC **	300490	BPK233387	9/25		1	140.00	140.00	6.00	6.00	140.00
23.	ECG ELECTRODES 1500	1	300490	L2024EC024	5/26		6	33.60	33.60	6.00	6.00	201.60

TOTAL GST : 309.32

Terms & Conditions

Goods once sold will not be taken back or exchanged

Bills not paid due date will attract 24% interest.

Total Value of Bill : Rs. 2893.40**Your Savings : Rs. 0.40**

Authorised Signatory

SUB TOTAL**2893.40**

Round off

-0.40

GRAND TOTAL**2893.00**

INDIAN RUPEES Rs. Two Thousand Eight Hundred Ninety Three Only

CITY PHARMACY
CITY INSTITUTE OF MEDICAL SCIENCES
NEAR RADHA VALLEY NH-19 MATHURA

Original f Copy

Patient Name : RISHAV CHAUDHARY

Patient Address :

Doctor :

Dr Reg No.

PHONE NO. : 9045250933
EMAIL : citypharmacymathura@gmail.com

(OM SAI RAM)

GSTIN : 09AASFC0331J1ZD
D.L.NO.:UP85200001273/UP85210001272

GST INVOICE CREDIT

Invoice No. : CITY032333 Date: 05-09-2024

TIME : 16:07

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	RACK	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	DIAPER M .	1	3004	G24E083238	4/27		3	59.00	59.00	6.00	6.00	177.00
2.	MIKACIN 250MG INJ	1*1	300490	BLA240009	12/26		1	56.00	56.00	2.50	2.50	56.00
3.	MONTAZ 500 INJ	1PC **	300490	BPK233387	9/25		1	140.00	140.00	6.00	6.00	140.00

TOTAL GST : 36.62

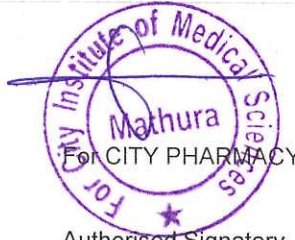
Terms & Conditions

Goods once sold will not be taken back or exchanged

Bills not paid due date will attract 24% interest.

Total Value of Bill : Rs. 373.00

Your Savings : Rs. 0.00



Authorised Signatory

SUB TOTAL

373.00

Round off

0.00

GRAND TOTAL

373.00

INDIAN RUPEES Rs. Three Hundred Seventy Three Only



CIMS



City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF PEDIATRIC & NEONATOLOGY DISCHARGE SUMMARY

PATIENT NAME:	Master Rishav Chaudhary		
AGE/SEX :	10 Year / Male		
REGISTRATION NO.	CIMS: 17565	IP NO:	6385
DATE OF ADMISSION	03/09/2024 at 05:51 PM		
DATE OF DISCHARGE SUMMARY	06/09/2024 at 10:00 AM		
CONSULTANT	Dr. N.K Agrawal		

DIAGNOSIS

- Acute Gastroenteritis

PRESENTING COMPLAINTS:

Patient presented in ER with complaints of pain in abdomen, nausea and vomiting.

PAST MEDICAL HISTORY:

Nothing Significant.

PHYSICAL EXAMINATION:

CNS : Conscious and oriented, Pulse: 88/min, RR: 24/min, Spo2: 95% on room air, Temp: Afebrile, Chest: Bilateral air entry present, P/A: Soft, Bowel sound present, Right hypochondrial tenderness present. CVS: S1 S2 audible.

HOSPITAL COURSE & TREATMENT GIVEN:

Patient presented in ER of City institute of medical sciences Mathura with above mentioned complaints. Patient admitted and evaluated thoroughly. Patient was started on IV Fluids, IV Antibiotics, IV Antacids along with other supportive treatment. After primary treatment in ER patient was shifted to HDU for further evaluation and treatment. All necessary investigations were done. CBC showed Hb: 12.1, TLC: 6300, PLT: 2.31 lac. Sodium: 138, Potassium: 3.91, Calcium: 9.28, Chloride: 94.1. LFT & KFT were normal. USG Whole abdomen showed no gross abnormality. Critical care team opinion was taken and advice followed. After primary stabilization patient was shifted to ward on 04.09.2024 for further management. With the course of treatment, patient gradually improve and responded well to the given treatment. Now he is being discharge in stable condition with follow up advice.

INVESTIGATIONS:

All investigations were handed over to the attendants.

ADVICE ON DISCHARGE:

- SYP. BEVON 5 ML TWICE DAILY
- SYP. OSTEOCALCIUM 5 ML TWICE DAILY
- SYP. LAXITOL 5 ML TWICE DAILY

How and when to obtained urgent Care: Fever, breathlessness, cough with expectoration, vomiting, drowsiness, pain abdomen.

In case of emergency please contact: 9258113570, 9258113571, 8459811449

FOLLOW UP:

- Review in OPD with Dr. N. K Agrawal after 5 days in OPD.

Dr. N.K Agrawal
Consultant - (Pediatrics)