CON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021 Phone: 0522-2733001, 2733002, 7081535555
GSTIN: 09AADFI0745H1ZH

IPD BILL

Bill No.	: 2026IPDIV1063	Bill Date	: 17/06/2026 02:46 PM
UHID	: 2026P122609	IPD No.	: 2026IPD1027
Patient Name	: RAM LADAITE	Status	: Discharged
Age/Sex	: 48Y / Male	Bed	: PVT-116
Mobile	: 8081267723	Date of Admission	: 15/06/2026 01:30 AM
Consultant	: Dr. D.K. Vatsal+Dr. Mudit Mehrotra	Date of Discharge	: 17/06/2026 02:46 PM
Guardian	: S/o Shyama Charan	Aadhar	: 568499218658
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
	Admission Charges			
1	ADMISSION CHARGE	500.00	1	500.00
	Accomodation Charges			
2	BED CHARGES (PRIVATE WARD)	3500.00	2	7000.00
3	BED CHARGES (ICU)	6000.00	1	6000.00
	Doctor Visit Charges			
4	DOCTOR VISIT (1500)	1500.00	2	3000.00
5	DOCTOR VISIT (ICU)	2000.00	1	2000.00
6	Doctor Visit (Dr. Pratibha Diwakar)	1000.00	2	2000.00
7	Doctor Visit (Dr. Dhiraj Singh)	1500.00	1	1500.00
	Nursing Charges			
8	NURSING CHARGES (ICU)	600.00	1	600.00
9	NURSING CHARGES (PVT)	500.00	2	1000.00
	IPD Charges			
10	2D ECHO (Dr. Dhiraj Singh)	2200.00	1	2200.00
11	BLOOD SUGAR MONITORING	50.00	2	100.00
12	DIETICIAN VISIT	500.00	2	1000.00
13	ECG	250.00	1	250.00
14	X-RAY DIGITAL	350.00	1	350.00
15	PHYSIOTHERAPY ICU	500.00	2	1000.00
	Miscellanous Charges			
16	Miscellanous Charges	500.00	1	500.00

Amt in words: Twenty Nine Thousand Rupees only

Gross Amt (₹):	29000.00
Net Amt (₹):	29000.00
Received Amt (₹):	35000.00
Refund Amt (₹):	6000.00
Balance Amt (₹):	0.00

Receipt Details

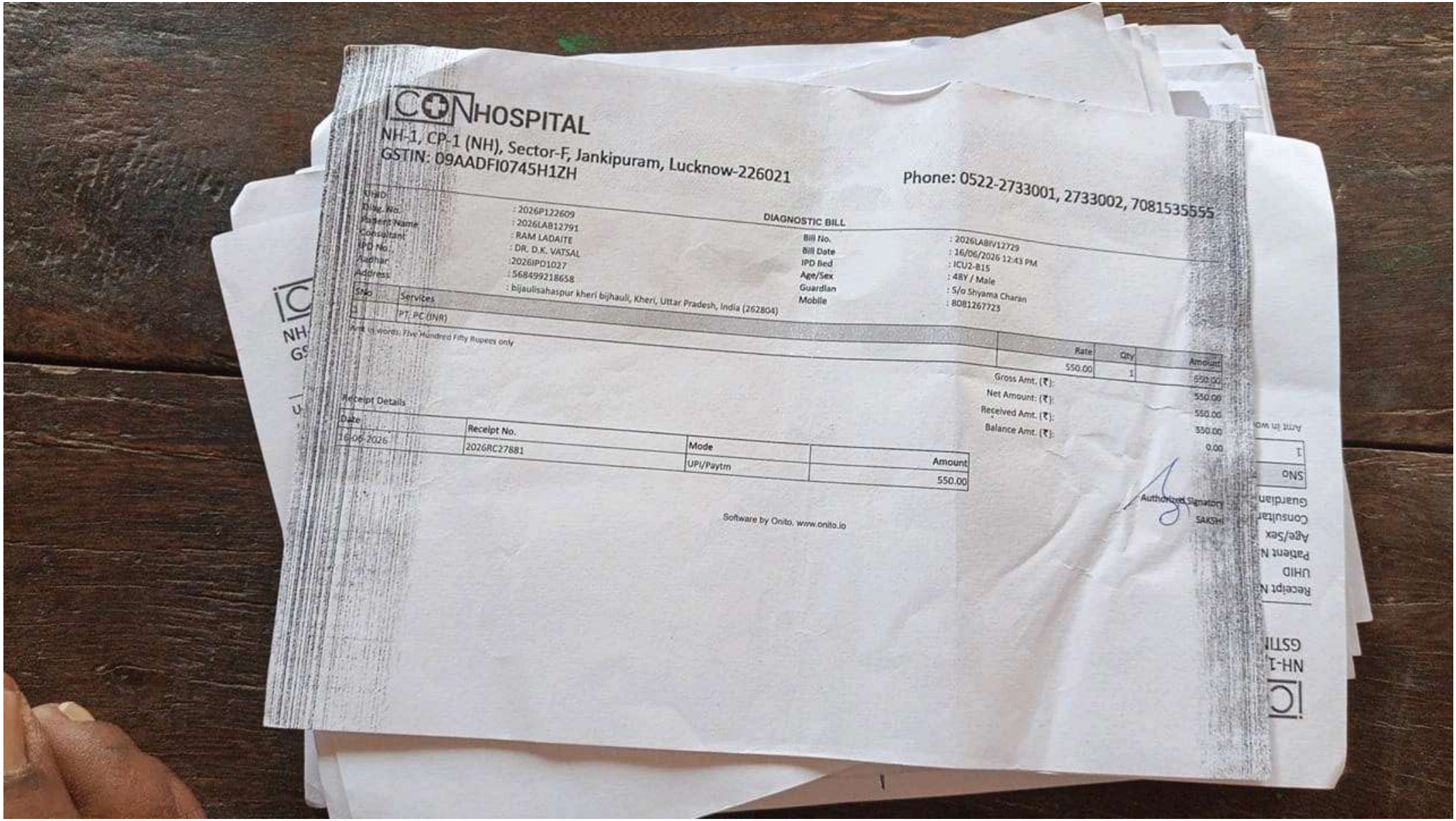
Date	Mode	Receipt No.	Amount
15-06-2026	Cash	2026RC27203	10000.00
15-06-2026	UPI/Paytm	2026RC27204	5000.00
16-06-2026	UPI/Paytm	2026RC27911	20000.00

Refund Details

Date	Mode	Refund No.	Amount
17-06-2026	Cash	2026RF457	6000.00

Authorized Signatory
SAKSHI

Software by Onito. www.onito.io



CON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021

GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12729
Reg. No.	: 2026LAB12791	Bill Date	: 16/06/2026 12:43 PM
Patient Name	: RAM LADAITE	IPD Bed	: ICU2-B15
Consultant	: DR. D.K. VATSAL	Age/Sex	: 48Y / Male
IPD No.	:2026IPD1027	Guardian	: S/o Shyama Charan
Aadhar	: 568499218658	Mobile	: 8081267723
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

Sno	Services	Rate	Qty	Amount
1	PT, PC (INR)	550.00	1	550.00

Amt (in words): Five Hundred Fifty Rupees only

Gross Amt. (₹):	550.00
Net Amount: (₹):	550.00
Received Amt. (₹):	550.00
Balance Amt. (₹):	0.00

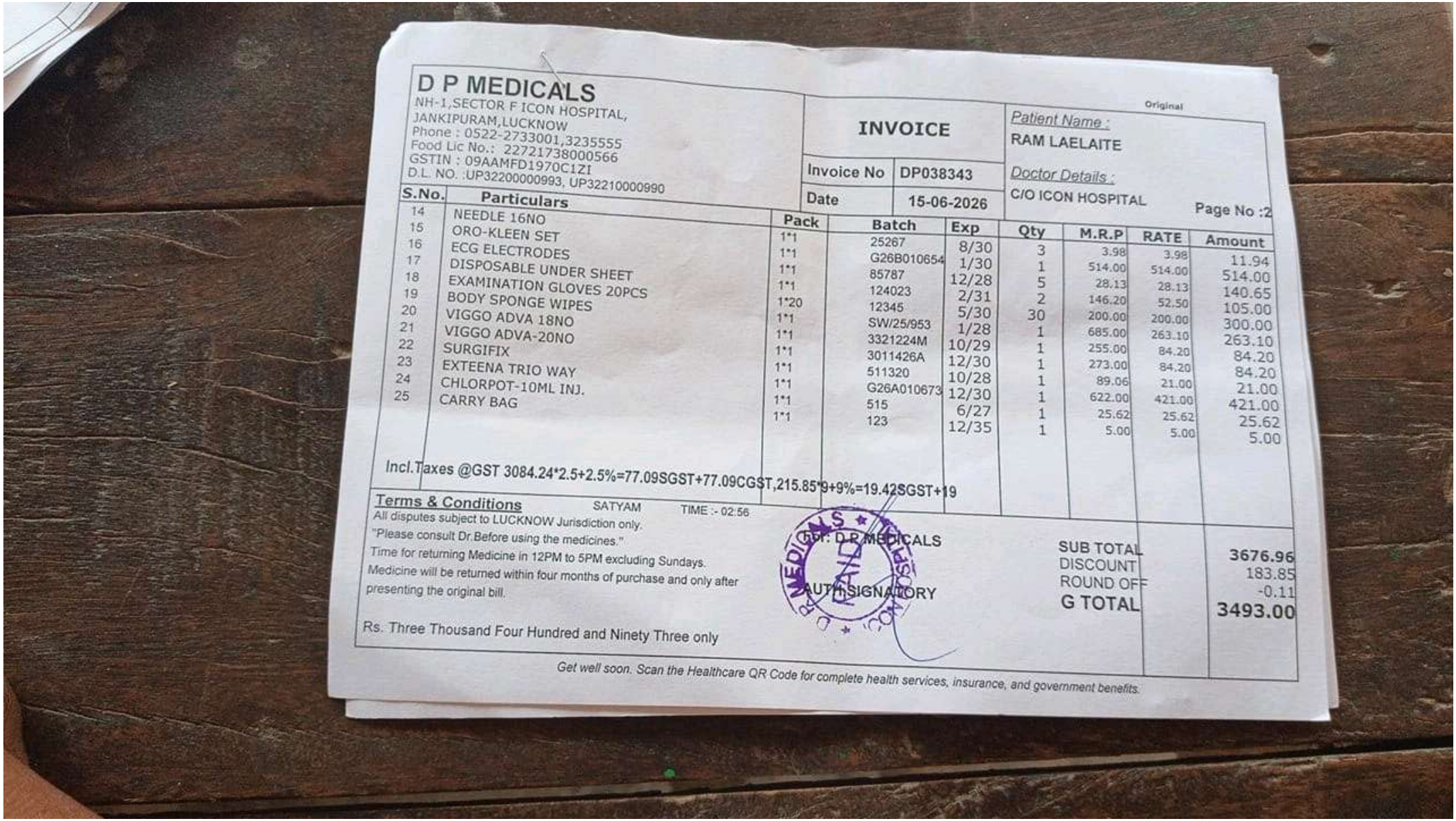
Receipt Details

Date	Receipt No.	Mode	Amount
16-06-2026	2026RC27881	UPI/Paytm	550.00

Authorized Signatory

SAKSHI

Software by Onito, www.onito.io



D P MEDICALS

NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
Phone : 0522-2733001,3235555
Food Lic No.: 22721738000566
GSTIN : 09AAMFD1970C1ZI
D.L. NO. :UP32200000993, UP32210000990

INVOICE

Original

Invoice No	DP038343
Date	15-06-2026

Patient Name :
RAM LAELAITE

Doctor Details :
C/O ICON HOSPITAL

Page No :2

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	RATE	Amount
14	NEEDLE 16NO	1*1	25267	8/30	3	3.98	3.98	11.94
15	ORO-KLEEN SET	1*1	G26B010654	1/30	1	514.00	514.00	514.00
16	ECG ELECTRODES	1*1	85787	12/28	5	28.13	28.13	140.65
17	DISPOSABLE UNDER SHEET	1*1	124023	2/31	2	146.20	52.50	105.00
18	EXAMINATION GLOVES 20PCS	1*20	12345	5/30	30	200.00	200.00	300.00
19	BODY SPONGE WIPES	1*1	SW/25/953	1/28	1	685.00	263.10	263.10
20	VIGGO ADVA 18NO	1*1	3321224M	10/29	1	255.00	84.20	84.20
21	VIGGO ADVA-20NO	1*1	3011426A	12/30	1	273.00	84.20	84.20
22	SURGIFIX	1*1	511320	10/28	1	89.06	21.00	21.00
23	EXTEENA TRIO WAY	1*1	G26A010673	12/30	1	622.00	421.00	421.00
24	CHLORPOT-10ML INJ.	1*1	515	6/27	1	25.62	25.62	25.62
25	CARRY BAG	1*1	123	12/35	1	5.00	5.00	5.00

Incl.Taxes @GST 3084.24*2.5+2.5%=77.09SGST+77.09CGST,215.85*9+9%=19.42SGST+19

Terms & Conditions SATYAM TIME :- 02:56

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

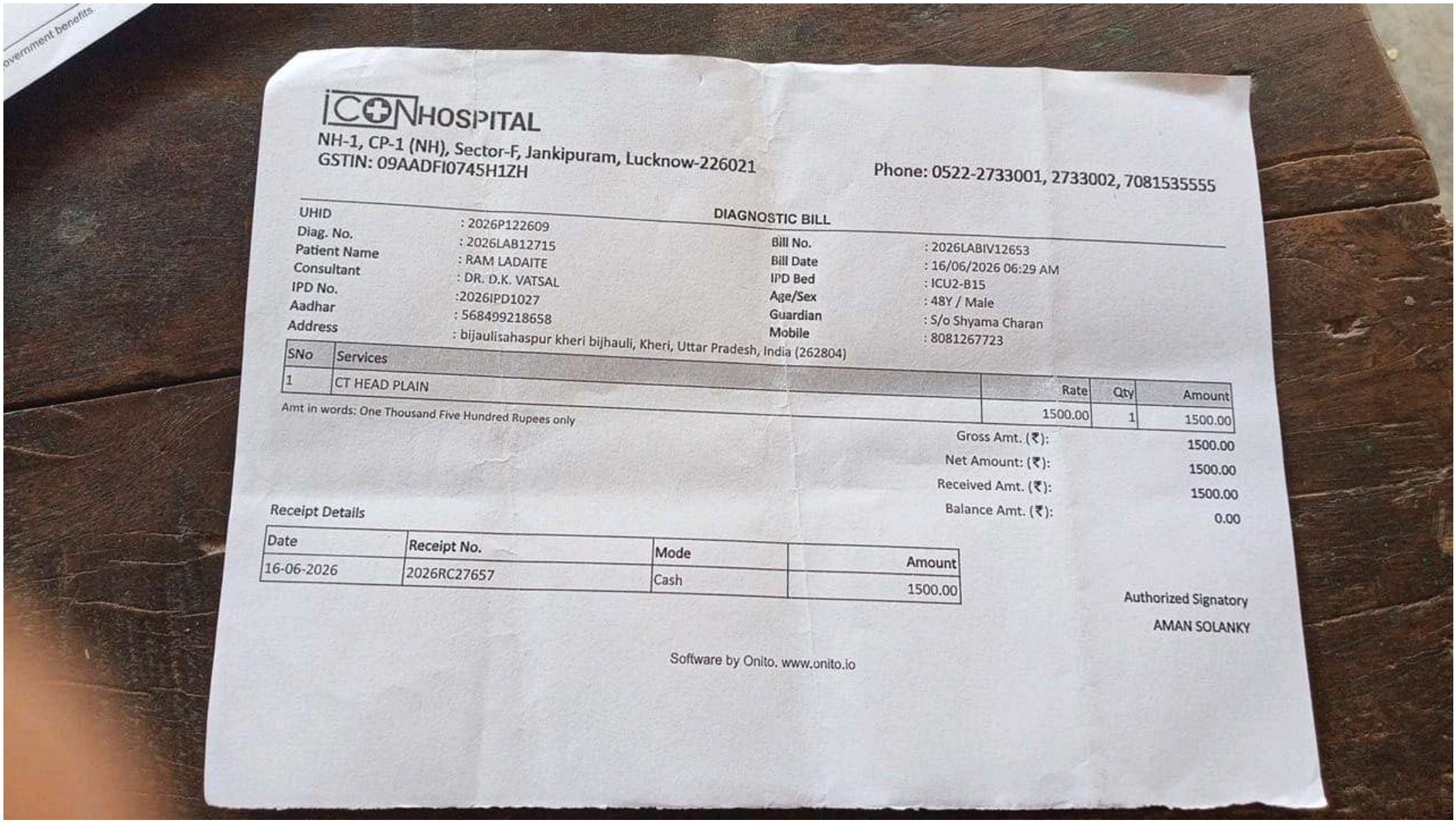
Rs. Three Thousand Four Hundred and Ninety Three only

For: D.P.MEDICALS

AUTH.SIGNATORY

SUB TOTAL	3676.96
DISCOUNT	183.85
ROUND OFF	-0.11
G TOTAL	3493.00

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.



ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12653
Diag. No.	: 2026LAB12715	Bill Date	: 16/06/2026 06:29 AM
Patient Name	: RAM LADAITE	IPD Bed	: ICU2-B15
Consultant	: DR. D.K. VATSAL	Age/Sex	: 48Y / Male
IPD No.	:2026IPD1027	Guardian	: S/o Shyama Charan
Aadhar	: 568499218658	Mobile	: 8081267723
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
1	CT HEAD PLAIN	1500.00	1	1500.00

Amt in words: One Thousand Five Hundred Rupees only

Gross Amt. (₹):	1500.00
Net Amount: (₹):	1500.00
Received Amt. (₹):	1500.00
Balance Amt. (₹):	0.00

Receipt Details

Date	Receipt No.	Mode	Amount
16-06-2026	2026RC27657	Cash	1500.00

Authorized Signatory

AMAN SOLANKY

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CONHOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12803
Diag. No.	: 2026LAB12866	Bill Date	: 16/06/2026 07:32 PM
Patient Name	: RAM LADAITE	IPD Bed	: ICU2-B15
Consultant	: DR. D.K. VATSAL	Age/Sex	: 48Y / Male
IPD No.	:2026IPD1027	Guardian	: S/o Shyama Charan
Aadhar	: 568499218658	Mobile	: 8081267723
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
1	CT ANGIO HEAD	9500.00	1	9500.00

Amt in words: Nine Thousand Five Hundred Rupees only

Gross Amt. (₹):	9500.00
Net Amount: (₹):	9500.00
Received Amt. (₹):	9500.00
Balance Amt. (₹):	0.00

Receipt Details

Date	Receipt No.	Mode	Amount
16-06-2026	2026RC28034	UPI/Paytm	9500.00

Authorized Signatory
ABHINAV VISHWKARMA

Software by Onito. www.onito.io

ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

IPD RECEIPT

Receipt No.	: 2026RC27203	Receipt Date	: 15/06/2026 01:32 AM
UHID	: 2026P122609	IPD No.	: 2026IPD1027
Patient Name	: RAM LADAITE	Status	: Admitted
Age/Sex	: 48Y / Male	Bed	: ICU2-B15
Consultant	: Dr. D.K. Vatsal+Dr. Mudit Mehrotra	Date of Admission	: 15/06/2026 01:30 AM
Guardian	: S/o Shyama Charan	Date of Discharge	:

SNo	Payment Mode	Amount
1	Cash	10000.00

Amt in words: Ten Thousand Rupees only

Received Amt. (₹): 10000.00

Authorized Signatory
AMAN SOLANKY

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ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12457
Diag. No.	: 2026LAB12518	Bill Date	: 15/06/2026 12:37 AM
Patient Name	: RAM LADAITE	Age/Sex	: 48Y / Male
Guardian	: S/o Shyama Charan	Aadhar	: 568499218658
Mobile	: 8081267723		
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
1	CT HEAD PLAIN	1500.00	1	1500.00

Amt in words: One Thousand Five Hundred Rupees only

Gross Amt. (₹):	1500.00
Net Amount: (₹):	1500.00
Received Amt. (₹):	1500.00
Balance Amt. (₹):	0.00

Receipt Details

Date	Receipt No.	Mode	Amount
15-06-2026	2026RC27196	UPI/Paytm	1500.00

Authorized Signatory

AMAN SOLANKY

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ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12485
Diag. No.	: 2026LAB12547	Bill Date	: 15/06/2026 10:46 AM
Patient Name	: RAM LADAITE	IPD Bed	: ICU2-B15
Consultant	: DR. D.K. VATSAL	Age/Sex	: 48Y / Male
IPD No.	:2026IPD1027	Guardian	: S/o Shyama Charan
Aadhar	: 568499218658	Mobile	: 8081267723
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
1	MRI BRAIN	4000.00	1	4000.00
2	MRI CONTRAST	2500.00	1	2500.00
3	MRI ANGIO	1200.00	1	1200.00
4	MRI VINOGRAM	1200.00	1	1200.00

Amt in words: Eight Thousand Nine Hundred Rupees only

Gross Amt. (₹):	8900.00
Net Amount: (₹):	8900.00
Received Amt. (₹):	8900.00
Balance Amt. (₹):	0.00

Receipt Details

Date	Receipt No.	Mode	Amount
15-06-2026	2026RC27304	Cash	8900.00

Authorized Signatory

SAKSHI

Software by Onito. www.onito.io

ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

IPD RECEIPT

Receipt No.	: 2026RC27204	Receipt Date	: 15/06/2026 01:32 AM
UHID	: 2026P122609	IPD No.	: 2026IPD1027
Patient Name	: RAM LADAITE	Status	: Admitted
Age/Sex	: 48Y / Male	Bed	: ICU2-B15
Consultant	: Dr. D.K. Vatsal+Dr. Mudit Mehrotra	Date of Admission	: 15/06/2026 01:30 AM
Guardian	: S/o Shyama Charan	Date of Discharge	:

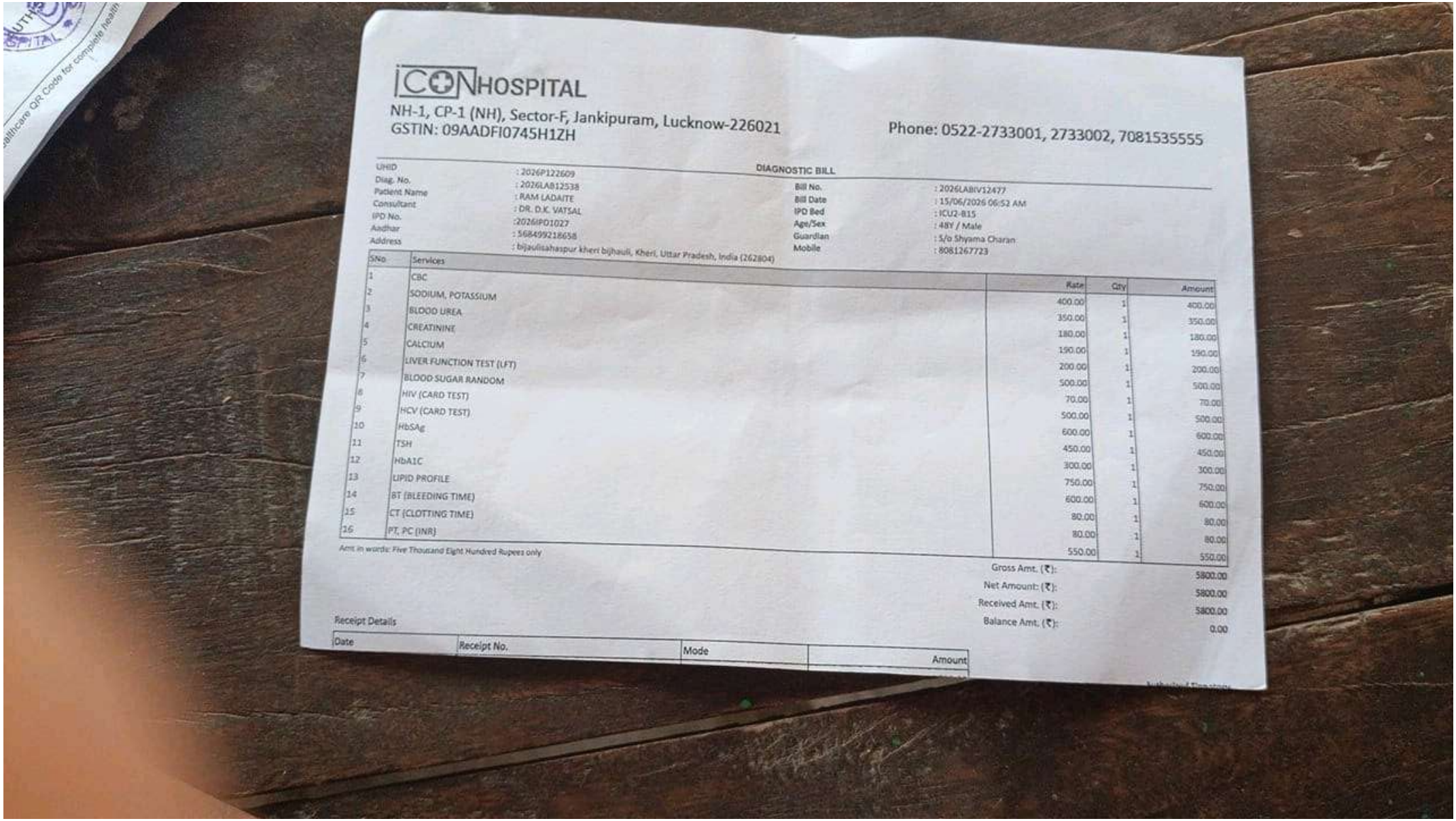
SNo	Payment Mode	Amount
1	UPI/Paytm	5000.00

Amt in words: Five Thousand Rupees only

Received Amt. (₹): 5000.00

Authorized Signatory
AMAN SOLANKY

Software by Onito www.onito.io



ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

DIAGNOSTIC BILL

UHID	: 2026P122609	Bill No.	: 2026LABIV12477
Diag. No.	: 2026LAB12538	Bill Date	: 15/06/2026 06:52 AM
Patient Name	: RAM LADAITE	IPD Bed	: ICU2-B15
Consultant	: DR. D.K. VATSAL	Age/Sex	: 48Y / Male
IPD No.	:2026IPD1027	Guardian	: S/o Shyama Charan
Aadhar	: 568499218658	Mobile	: 8081267723
Address	: bijaulisahaspur kheri bijhauli, Kheri, Uttar Pradesh, India (262804)		

SNo	Services	Rate	Qty	Amount
1	CBC	400.00	1	400.00
2	SODIUM, POTASSIUM	350.00	1	350.00
3	BLOOD UREA	180.00	1	180.00
4	CREATININE	190.00	1	190.00
5	CALCIUM	200.00	1	200.00
6	LIVER FUNCTION TEST (LFT)	500.00	1	500.00
7	BLOOD SUGAR RANDOM	70.00	1	70.00
8	HIV (CARD TEST)	500.00	1	500.00
9	HCV (CARD TEST)	600.00	1	600.00
10	HbSAg	450.00	1	450.00
11	TSH	300.00	1	300.00
12	HbA1C	750.00	1	750.00
13	LIPID PROFILE	600.00	1	600.00
14	BT (BLEEDING TIME)	80.00	1	80.00
15	CT (CLOTTING TIME)	80.00	1	80.00
16	PT, PC (INR)	550.00	1	550.00

Amt in words: Five Thousand Eight Hundred Rupees only

Gross Amt. (₹):	5800.00
Net Amount: (₹):	5800.00
Received Amt. (₹):	5800.00
Balance Amt. (₹):	0.00

Receipt Details

Date	Receipt No.	Mode	Amount

Original

D P MEDICALS

NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
Phone : 0522-2733001,3235555
Food Lic No.: 22721738000566
GSTIN : 09AAMFD1970C1ZI
D.L. NO. :UP32200000993, UP32210000990

INVOICE

Invoice No DP038340
Date 15-06-2026

Patient Name :
EMERGENCY

Doctor Details :
C/O ICON HOSPITAL

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	RATE	Amount
14	NS 500ML	1*1	2254400	10/28	3	93.94	93.94	281.82
15	SYR NIPRO 10ML	1*1	1026036S3	1/31	3	15.94	10.00	30.00
16	NEEDLE 16NO	1*1	25267	8/30	3	3.98	3.98	11.94
17	I.V SET PREMIUM	1*1	G26B010648	1/31	1	253.00	90.00	90.00
18	***PLACINE 1ML INJ***	*1*1*	***A24262A***	9/26	1	5.11	5.11	5.11
19	SILCATH FOLLY 14 NO	1*1	S25G01	6/30	1	950.00	317.00	317.00
20	UROBAG	1*1	6338025L	9/30	1	349.00	210.00	210.00
21	LOX-2% JELLY	1*1	LV370	3/28	1	34.60	34.58	34.58
22	DW 10ML	1*1	H35BJ04	9/30	2	3.03	3.23	6.46
23	SYR NIPRO 20ML	1*1	2025017S3	12/29	1	27.19	27.19	27.19
24	SURGICAL GLOVES SIZE:7.5	1*1	K123	5/35	1	68.44	68.44	68.44
25	EXAMINATION GLOVES 20PCS	1*20	12345	5/30	4	200.00	200.00	40.00

Incl.Taxes @GST 2380.49*2.5+2.5%=59.5SGST+59.5CGST,

SATYAM TIME :- 01:29

Terms & Conditions

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

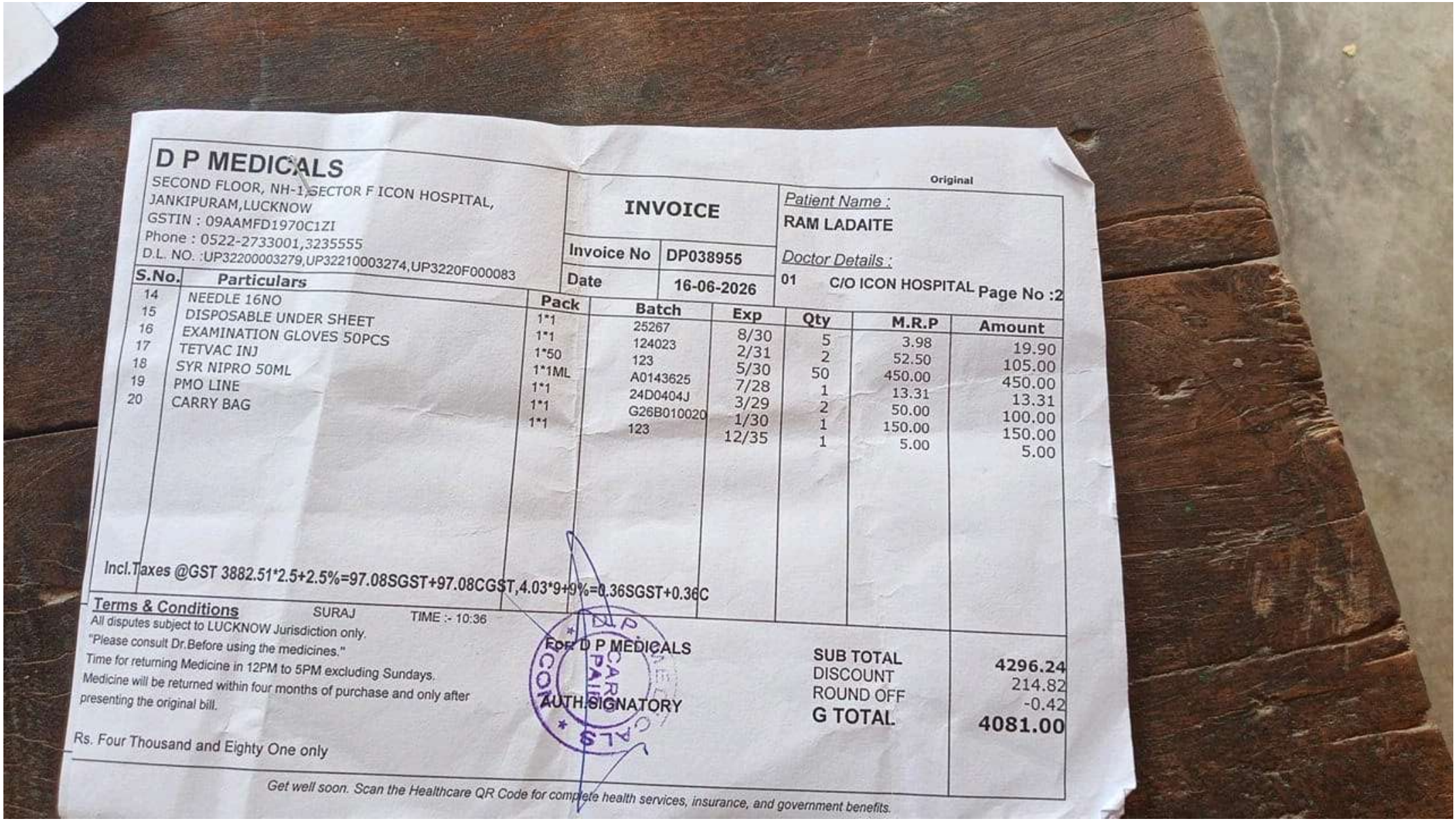
Rs. Two Thousand Four Hundred and Ninety Nine only

For D P MEDICALS

AUTH.SIGNATORY

SUB TOTAL	2631.04
DISCOUNT	131.55
ROUND OFF	-0.49
G TOTAL	2499.00

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.



D P MEDICALS

SECOND FLOOR, NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
GSTIN : 09AAMFD1970C1ZI
Phone : 0522-2733001,3235555
D.L. NO. :UP32200003279,UP32210003274,UP3220F000083

Original

INVOICE

Invoice No	DP038955
Date	16-06-2026

Patient Name :
RAM LADAITE

Doctor Details :
01 C/O ICON HOSPITAL

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	Amount
14	NEEDLE 16NO	1*1	25267	8/30	5	3.98	19.90
15	DISPOSABLE UNDER SHEET	1*1	124023	2/31	2	52.50	105.00
16	EXAMINATION GLOVES 50PCS	1*50	123	5/30	50	450.00	450.00
17	TETVAC INJ	1*1ML	A0143625	7/28	1	13.31	13.31
18	SYR NIPRO 50ML	1*1	24D0404J	3/29	2	50.00	100.00
19	PMO LINE	1*1	G26B010020	1/30	1	150.00	150.00
20	CARRY BAG	1*1	123	12/35	1	5.00	5.00

Incl.Taxes @GST 3882.51*2.5+2.5%=97.08SGST+97.08CGST,4.03*9+9%=0.36SGST+0.36C

SURAJ TIME :- 10:36

Terms & Conditions

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

For D P MEDICALS

AUTH.SIGNATORY

SUB TOTAL	4296.24
DISCOUNT	214.82
ROUND OFF	-0.42
G TOTAL	4081.00

Rs. Four Thousand and Eighty One only

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.

Original

D P MEDICALS

NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
Phone : 0522-2733001,3235555
Food Lic No.: 22721738000566
GSTIN : 09AAMFD1970C1ZI
D.L. NO. :UP32200000993, UP32210000990

INVOICE

Invoice No: DP038445
Date: 15-06-2026

Patient Name :
RAM LADAITE

Doctor Details :
C/O ICON HOSPITAL

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	RATE	Amount
14	NEEDLE 16NO	1*1	25267	8/30	5	3.98	3.98	19.90
15	SYR NIPRO 3ML	1*1	0325188S2	6/30	5	7.50	7.50	37.50
16	DISPOSABLE UNDER SHEET	1*1	124023	2/31	2	146.20	52.50	105.00
17	FACE MASK	1*1	0	5/30	2	5.00	5.00	10.00
18	O.T CAP	1*1	0	1/36	2	10.00	10.00	20.00
19	VIT-K1 KENADION INJ	1*1	IPMDAK507	10/27	1	19.24	19.24	19.24
20	***TRADOL 2ML***	*1*1*	*7762504*	1/28	2	24.38	24.38	48.76
21	***LOPEZ INJ***	*1*2ML*	*KLL05030*	8/27	2	17.29	17.29	34.58
22	SYR NIPRO 5ML	1*1	0526038S3	1/31	2	8.91	8.91	17.82
23	CARRY BAG	1*1	123	12/35	1	5.00	5.00	5.00

Incl.Taxes @GST 3562.67*2.5+2.5%=89.07SGST+89.07CGST,4.03*9+9%=0.36SGST+0.36C

SURAJ TIME :- 11:31

Terms & Conditions

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

Rs. Three Thousand Seven Hundred and Forty Six only

For: D P MEDICALS

AUTH.SIGNATORY

SUB TOTAL	3942.71
DISCOUNT	197.15
ROUND OFF	0.44
G TOTAL	**3746.00**

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.

ICON HOSPITAL

NH-1, CP-1 (NH), Sector-F, Jankipuram, Lucknow-226021
GSTIN: 09AADFI0745H1ZH

Phone: 0522-2733001, 2733002, 7081535555

IPD RECEIPT

Receipt No.	: 2026RC27911	Receipt Date	: 16/06/2026 01:07 PM
UHID	: 2026P122609	IPD No.	: 2026IPD1027
Patient Name	: RAM LADAITE	Status	: Admitted
Age/Sex	: 48Y / Male	Bed	: ICU2-B15
Consultant	: Dr. D.K. Vatsal+Dr. Mudit Mehrotra	Date of Admission	: 15/06/2026 01:30 AM
Guardian	: S/o Shyama Charan	Date of Discharge	:

SNo	Payment Mode	Amount
1	UPI/Paytm	20000.00

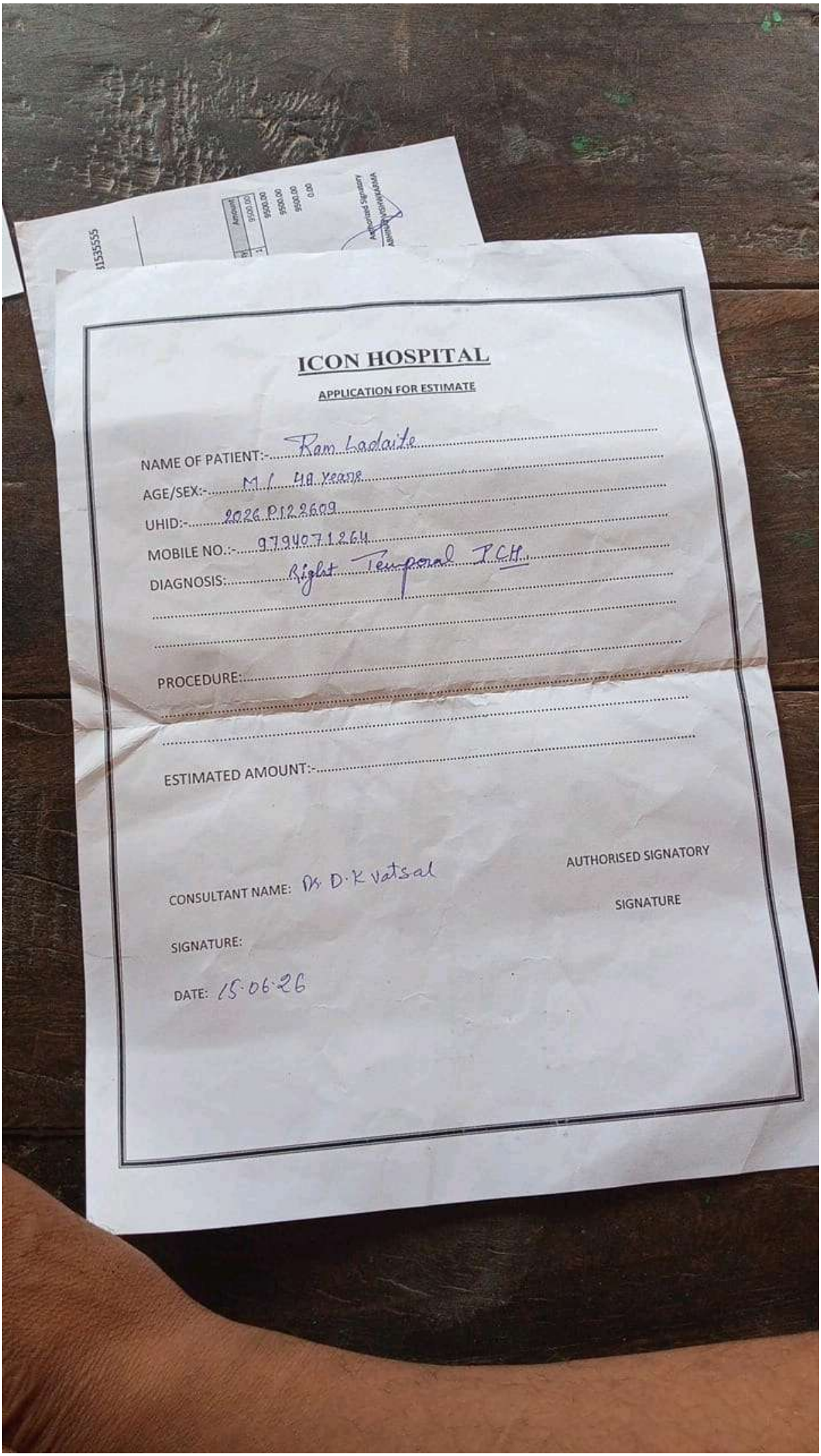
Amt in words: Twenty Thousand Rupees only

Received Amt. (₹): 20000.00

Authorised Signatory

ICON HOSPITAL
SAHARA STATE ROAD
Sec.-F, Jankipuram, Lucknow
Phone:-2733001,2733002

Software by Onito www.onito.io



ICON HOSPITAL

APPLICATION FOR ESTIMATE

NAME OF PATIENT:- Ram Ladaite

AGE/SEX:- M / 48 Years

UHID:- 2026 P12 2609

MOBILE NO.:- 9794071264

DIAGNOSIS:- Right Temporal ICH.

PROCEDURE:

ESTIMATED AMOUNT:-

CONSULTANT NAME: Dr. D.K Vatsal

SIGNATURE:

DATE: 15.06.26

AUTHORISED SIGNATORY

SIGNATURE

D P MEDICALS

NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
Phone : 0522-2733001,3235555
Food Lic No.: 22721738000566
GSTIN : 09AAMFD1970C1ZI
D.L. NO. :UP32200000993, UP32210000990

Original

INVOICE

Invoice No	DP039050
Date	16-06-2026

Patient Name :
RAM LADAITE

Doctor Details :
C/O ICON HOSPITAL

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	RATE	Amount
1	RALLIDEX*D 500ML	1*1	SF25001101	11/27	1	561.75	561.75	561.75

Incl.Taxes @GST 508.24*2.5+2.5%=12.71SGST+12.71CGST,

Terms & Conditions

SURAJ TIME :- 12:29

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

For D P MEDICALS

AUTH.SIGNATORY

SUB TOTAL	561.75
DISCOUNT	28.09
ROUND OFF	0.34
G TOTAL	**534.00**

Rs. Five Hundred and Thir...

D P MEDICALS

NH-1,SECTOR F ICON HOSPITAL,
JANKIPURAM,LUCKNOW
Phone : 0522-2733001,3235555
Food Lic No.: 22721738000566
GSTIN : 09AAMFD1970C1ZI
D.L. NO. :UP32200000993, UP32210000990

Original

INVOICE

Invoice No	DP039214
Date	16-06-2026

Patient Name :
RAM LADAITE

Doctor Details :
C/O ICON HOSPITAL

S.No.	Particulars	Pack	Batch	Exp	Qty	M.R.P	RATE	Amount
1	LEVERIF-5ML INJ	1*1	ELJ01AAB	12/27	2	117.19	117.19	234.38

Incl.Taxes @GST 212.06*2.5+2.5%=5.3SGST+5.3CGST,

SURAJ TIME :- 16:51

Terms & Conditions

All disputes subject to LUCKNOW Jurisdiction only.
"Please consult Dr.Before using the medicines."
Time for returning Medicine in 12PM to 5PM excluding Sundays.
Medicine will be returned within four months of purchase and only after presenting the original bill.

Rs. Two Hundred and Twenty Three only

For D P MEDICALS

AUTH SIGNATORY

SUB TOTAL	234.38
DISCOUNT	11.72
ROUND OFF	0.34
G TOTAL	**223.00**

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.