

अग्रवाल

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नांगलिया हॉस्पिटल NANGALIA HOSPITAL

(आर्थ), आर्थोपेडिक सर्जन

Indra Agrawal



Alahdadpur, Narmal School Road, Gorakhpur-273 001

Ortho (Kanpur), P.G.C.R. (Bombay)
ORTHOPAEDIC SURGEON

UHID No:- NH/OPD/003874

:(0551) 2332095, (0551) 233612, 7992192336

e-mail: nangaliahospital@gmail.com

Mr. Satish Chandrasingh

AGE 45/11 DATE 2.2.26

ADDRESS

H/O 9/5 roady

Adv.
Dr. Ballalovich - AD

Ht Clavicle
displaced (R)
unstable (L)

Figure eight bandage -

- 5 - Tab. Paracetamol 1000 mg
- 0 - Tab. Diclofenac 100 mg
- 0 - Tab. Lincosin 100 mg
- 0 - Tab. Neutich 100 mg

MEDIWORLD LLP

GST INVOICE

Drg.Lic 1 : RLF20UP2025000760

NANGALIA HOSPITAL

Cash

Drg.Lic 2 : RLF21UP2025000762

AL ROAD, ALAHDADPUR, SADAR GORAKHPUR UTTAR PRADESH 273001, PHONE :

GSTIN : 09AEIFS5808N1ZB

FSSAI No.: 22724623000278

INV.NO. : 132/30801

: SATISH CHAND

Date : February 02, 2026 Time : 02:52 PM

ress :

CASH NANGALIA

DR Name : Dr Mahendra Agrawal(IPD)

o : 6307520241

o : 0

UHID:

Ward Name : /

Bed No: /

HSN	ITEM NAME	PACK	RACK	QTY	MRP	RATE	AMT	DISC%	GST%	NET AMT	BATCH NO	EXP
90189099	ARM SLING POUCH L (DYNAMIC) 1s	1.000		1.000	420.000	420.000	420.000	5.000	5.000	399.000	0425	09/30

Tax Detail's						TOTAL QTY: 1.000	SUB TOTAL (Inc. Tax) 420.000
Value	Zero%	5%	12%	18%	28%		
Base Value	0.000	400.000	0.000	0.000	0.000	NO. OF ITEMS: 1	Discount 20.000
Scheme	0.000	0.000	0.000	0.000	0.000		SGST Amt 9.500
Discount	0.000	20.000	0.000	0.000	0.000	TOTAL SAVING:	CGST Amt 9.500
Taxable	0.000	380.000	0.000	0.000	0.000	21.000	IGST Amt 0.000
Tax	0.000	19.000	0.000	0.000	0.000		Round Off 0.000
TOTAL	0.000	399.000	0.000	0.000	0.000		GRAND TOTAL 399.000

All disputes subject to GORAKHPUR Jurisdiction only.
 Medicines without Batch No. & Expiry will not be taken back. Produce Bill for Exchange or Return Goods.
 Please re-confirm the drug dosing and delivered medicines from concerned Doctor only.
 Pharmacy is not responsible for drug dosing discrepancies. T&C apply.

FOR SHOBHIT MEDIWORLD LLP

User: Pragati Gautum

Authorized Signatory



SHOBHIT MEDIWORLD LLP
SHISHAUDIYA MEDICAL CENTER
 168B SHIVPURAM BASHARATPUR, AROGYA MANDIR GORAKHPUR UTTAR PRADESH 273004, PHONE: 9151043623

GST INVOICE
Cash

Drg.Lic 1 : RLF20UP2025000762
 Drg.Lic 2 : RLF21UP2025000764
 GSTIN : 09AEIFS5808N1ZB

SATISH CHANDRA SINGH

SHIS_HOS_STAFF DISCOUNT (CASH) @MRP-10%

INV.NO. : 131/33951

Date : February 04, 2026 Time : 08:07 PM

DR Name : DR SATPAL SHISHODIA

8181847029

UHID:

Ward Name : /

Bed No: /

LN	HSN	ITEM NAME	PACK	RACK	QTY	MRP	RATE	AMT	DISC%	GST%	NET AMT	BATCH NO	EXP
0103110		RIB BELT 40NO BELT 1s	1.000		1.000	720.000	720.000	720.000	10.000	5.000	648.000	RIB150	07/28

Details	Zero%	5%	12%	18%	28%
Value	0.000	685.714	0.000	0.000	0.000
Base Value	0.000	0.000	0.000	0.000	0.000
Scheme	0.000	68.571	0.000	0.000	0.000
Discount	0.000	617.143	0.000	0.000	0.000
Taxable	0.000	30.857	0.000	0.000	0.000
Tax	0.000				
TOTAL	0.000	648.000	0.000	0.000	0.000

TOTAL QTY: 1.000	SUB TOTAL (Inc. Tax)	720.000
NO. OF ITEMS: 1	Discount	68.571
TOTAL SAVING: 72.000	SGST Amt	15.429
	CGST Amt	15.429
	IGST Amt	0.000
	Round Off	0.000
	GRAND TOTAL	648.000



*All disputes subject to GORAKHPUR Jurisdiction only.
 *Medicines without Batch No. & Expiry will not be taken back. Produce Bill for Exchange or Return Goods.
 *Please re-confirm the drug dosing and delivered medicines from concerned Doctor only.
 *Pharmacy is not responsible for drug dosing discrepancies. T&C apply. User: LAXMAN SINGH

PHARMACY
FOR SHOBHIT MEDIWORLD LLP
 Sign: [Signature]
 Authorized Signatory

SHOBHIT MEDIWORLD LLP
SHISHAUDIYA MEDICAL CENTER
 168B SHIVPURAM BASHARATPUR, AROGYA MANDIR GORAKHPUR UTTAR PRADESH 273004, PHONE: 9151043623

GST INVOICE
Cash

Drg.Lic 1 : RLF20UP2025000762
 Drg.Lic 2 : RLF21UP2025000764
 GSTIN : 09AEIFS5808N1ZB

Patient Name : SATISH CHANDRA SINGH

SHIS_HOS_STAFF DISCOUNT (CASH) @MRP-10%

INV.NO. : 131/35980

Patient Address :

Date : February 19, 2026 Time : 06:57 PM

Mobile No : 8181847029

DR Name : DR SATPAL SHISHODIA

PD No : 0

UHID:

Ward Name : /

Bed No: /

LN	HSN	ITEM NAME	PACK	RACK	QTY	MRP	RATE	AMT	DISC%	GST%	NET AMT	BATCH NO	EXP
30049099		ACENDOL-R TAB 10S	10.000	A-002	10.000	110.630	110.630	110.630	10.000	5.000	99.557	AR-059	09/26
21069099		NOFRAC 300MG TAB 10s	10.000	N-001	60.000	227.800	227.800	1,366.800	10.000	5.000	1230.120	NOR5T02	03/27
30049099		NEWBONA ACTIVE TAB 15s	15.000	N-002	30.000	405.940	405.940	811.880	10.000	5.000	730.692	AFG07BIA	08/27

Details	Zero%	5%	12%	18%	28%
Value	0.000	2180.295	0.000	0.000	0.000
Base Value	0.000	0.000	0.000	0.000	0.000
Scheme	0.000	218.029	0.000	0.000	0.000
Discount	0.000	1962.266	0.000	0.000	0.000
Taxable	0.000	98.113	0.000	0.000	0.000
Tax	0.000				
TOTAL	0.000	2060.379	0.000	0.000	0.000

TOTAL QTY: 100.00	SUB TOTAL (Inc. Tax)	2,289.310
NO. OF ITEMS: 3	Discount	218.029
TOTAL SAVING: 229.000	SGST Amt	49.057
	CGST Amt	49.057
	IGST Amt	0.000
	Round Off	-0.379
	GRAND TOTAL	2060.000



Shishodia

Orthopaedic Surgeon

(M.B., D.Orth., FJRA)

ORTHOPAEDIC SURGEON

Hospital, Mumbai

Hospital, Mumbai

Hospital, Mumbai

Gandhi Hospital, Delhi

Hospital, Gurgaon

MCI Reg. No.045451



SOC

SHISHODIA ORTHOPAEDIC CENTRE

शिशोदिया ऑर्थोपेडिक सेन्टर

168 बी, पेट्रोल पम्प के पास, मेडिकल कालेज रोड

वाराणसी, गोरखपुर, यू०पी०, इंडिया

E-mail : satpalshishodia@gmail.com

OPD Time-2pm-6pm

SUNDAY & THURSDAY CLOSED

शुक्रवार एवं बुधवार बन्दे

For Appointment Contact

(परामर्श के लिए सम्पर्क करें):

9648480551,9236389540

Centre for Joint Replacement, Arthroscopy & Sports Injury

Pt. Name: **Mr. SATISH CHANDRA SINGH** A/S Date: **04-02-2026**
Patient Name: **Mr. SATISH CHANDRA SINGH** PUID: **PID1770209407-36797** In Time : **04-02-2026 18:59**
Address: **,KHAJNI GORAKHPUR,** Out Time: **04-02-2026 19:05**
Age/Gender: **45 years/Male**
Contact No. **8181847029**

Chief Complaint **DATE OF INJURY- 02-02-2026**

Diagnosis **FRACTURE RIGHT CLAVICLE
SOFT TISSUE INJURY CHEST**

Medicine	Dosage
1) ACENDOL- R (ACECLOFENAC 200MG+RABEPRAZOLE 20MG)	1 Times a Day (●) For 14 Days (After Food) दिन में 1 बार 14 दिन के लिए (खाने के बाद)
2) DYNAPAR QPS SOLUTION 30ML(ALCOHOL 10%V/V+DICLOFENAC DIETHYLAMINE 4%W/V)	2 TIMES A DAY (●●) FOR 30 DAYS (LOCAL APPLICATION)
3) GOTRIP BR TABLET(BROMELAIN (180MG) + TRYPSIN (96MG) + RUTOSIDE (200MG)	2 Times a Day (●●) For 7 Days (After Food) दिन में 2 बार 7 दिन के लिए (खाने के बाद)
4) MYORIL 4MG CAPSULE(THIOCOLCHICOSIDE 4MG)	1 Times a Day (●) For 14 Days (After Food) दिन में 1 बार 14 दिन के लिए (खाने के बाद) *

Advice **STRAPPING WITH DYNAPLAST, HOT FOMENTATION, CHEST BELT, CLAVICULAR BARCE, CHEST BELT, AVOID COLD, AVOID HEAVY ACTIVITIES**

Next Visit _____

Satpal

Dr.Satpal Shishodia

चेतावनी : किसी भी दवा से एलर्जी होने पे तुरंत दवा को बंद कर दें और डॉक्टर से सलाह लें.

फ़ोन : (ड्यूटी डॉक्टर : 9236389542) (मैनेजर : 6393116941)(डॉक्टर असिस्टेंट 9532872223)(हॉस्पिटल

:9648480551) से संपर्क करें

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Shishodia

Orthopaedic Surgeon

(Orth), M.B., D.Orth., FJRA

ORTHOPEDIC SURGEON

Hospital, Mumbai

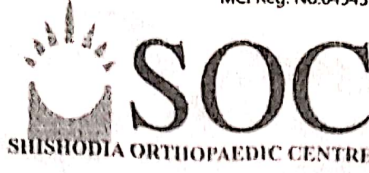
Andy Hospital, Mumbai

Hospital, Mumbai

ay Gandhi Hospital, Delhi

temis Hospital, Gurgaon

MCI Reg. No.045451



शिषोदिया ऑर्थोपेडिक सेन्टर
168 नो, पेट्रोल पम्प के पास, मेडिकल कॉलेज रोड
बभारतपुर, गोरखपुर, यू०पी०, इंडिया
E-mail : satpalshishodia@gmail.com

OPD-Time-2pm-6pm

SUNDAY & THUSDAY CLOSED

रविवार एवं बुधवार बंद

For Appointment Contact

(परामर्श के लिए संपर्क करें)
9648480551, 9236389540

Centre for Joint Replacement, Arthroscopy & Sports Injury

Pt. Name

A/S

Date

Patient Name: Mr. SATISH CHANDRA SINGH
PUID: PID1770209407-36797

Age/Gender: 45 years/Male

Contact No. 8181847029

Address: ,KHAJNI GORAKHPUR,

In Time : 19-02-2026 18:22

Out Time: 19-02-2026 18:22

Chief Complaint DATE OF INJURY- 02-02-2026

Diagnosis FRACTURE RIGHT CLAVICLE
SOFT TISSUE INJURY CHEST

Medicine

1) ACENDOL- R (ACECLOFENAC 200MG+RABEPRAZOLE 20MG)

Dosage

1 Times a Day (●) For 14 Days (After Food)
दिन में 1 बार 14 दिन के लिए (खाने के बाद)

2) DYNAPAR QPS SOLUTION 30ML(ALCOHOL 10%V/V+DICLOFENAC DIETHYLAMINE 4%W/V)

2 TIMES A DAY (●●) FOR 30 DAYS (LOCAL APPLICATION)

3) MOFRAC (AFLAPIN 50 MG+CISSUS QUADRANGULARIS 250 MG)

2 Times a Day (●●) For 30 Days (After Food)
दिन में 2 बार 30 दिन के लिए (खाने के बाद) *

4) NEWBONA ACTIVE TABLET(CALCIUM CITRATE+CHOLECALCIFEROL+FOLIC ACID+MECOBALAMIN (METHYLCOBALAMIN)+PYRIDOXINE)

1 Times a Day (●) For 60 Days (After Food)
दिन में 1 बार 60 दिन के लिए (खाने के बाद) *

Advice STRAPPING WITH DYNAPLAST, HOT FOMENTATION, CHEST BELT, CLAVICULAR BARCE, CHEST BELT, AVOID COLD, AVOID HEAVY ACTIVITIES

Next Visit

Dr.Satpal Shishodia

चेतावनी : किसी भी दवा से एलर्जी होने पे तुरंत दवा को बंद कर दें और डॉक्टर से सलाह लें

फ़ोन : (इयूटी डॉक्टर : 9236389542) (मैनेजर : 6393116941)(डॉक्टर असिस्टेंट 9532872223)(हॉस्पिटल

:9648480551) से संपर्क करें

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OPD Medical Bill/Receipt

Follow up

30

Shishodia Orthopedic Center

Done

M-8 Near Patel Puru Medical College Road, Baskarapur, Gorakhpur (U.P.) 273001 Email: shishodiasp@rediffmail.com ph: 8195895567 8648430551
Printed using software: DocBox (www.docbox.in)

Patient Name SATISH CHANDRA SINGH	PUID PID1770209407-36797	Receipt Id RID1771498598/25-28006	Date 19-02-2026
Phone number 8181847029	Address KHAJNI GORAKHPUR,	Age/Gender 45 years / Male	TPA -
		Policy No.	

Item	Date	Quantity	Unit Cost(Rs.)	SGST%	CGST%	Batch	HSN Code	Amount(Rs.)
FREE CONSULTATION- DR SATPAL SHISHODIA	19-02-2026	1	0	0	0	-	-	0

Grand Total Rs. 0.00
Grand Total In words : Rupees
Round Off Rs. 0
Amount discounted Rs.: <input type="text"/>
Amount paid Rs.: 0
Amount due Rs. 0

Amount Paid(Rs.)	Mode of Payment	Description	TimeStamp
0	Cash	FOLLOW UP AFTER 15 DAYS	19-02-2026 04:26PM

Token Number : 30

Printed by user : Priyanshi Vishwakarma
Authorised Signature

***** END OF RECEIPT *****

OPD Medical Bill/Receipt

30

Shishodia Orthopedic Center

M-8 Near Patel Puru Medical College Road, Baskarapur, Gorakhpur (U.P.) 273001 Email: shishodiasp@rediffmail.com ph: 8195895567 8648430551
Printed using software: DocBox (www.docbox.in)

Patient Name SATISH CHANDRA SINGH	PUID PID1770209407-36797	Receipt Id RID1771499024/25-28009	Date 19-02-2026
Phone number 8181847029	Address KHAJNI GORAKHPUR,	Age/Gender 45 years / Male	TPA -
		Policy No.	

Date	Quantity	Unit Cost(Rs.)	SGST%	CGST%	Batch	HSN Code	Amount(Rs.)
19-02-2026	1	500	0	0	-	-	500

Grand Total Rs. 500.00
Grand Total In words : Rupees FIVE HUNDRED
Round Off Rs. 500
Amount discounted Rs.: <input type="text"/>
Amount paid Rs.: 500
Amount due Rs. 0

Amount Paid(Rs.)	Mode of Payment	Description	TimeStamp
500	UPI/WALLET		19-02-2026 04:33PM

Token Number : 30

Printed by user : AJAY VISHWAKARMA
Authorised Signature

***** END OF RECEIPT *****



OPD Medical Bill/Receipt

51

Shishodia Orthopedic Center

Done

Patient Name Mr. SATISH CHANDRA SINGH	PUID PID1770209407-36797	Receipt Id RID1770209410/25-26582	Date 04-02-2026
Phone number 8181847029	Address KHAJNI GORAKHPUR,	Age/Gender 45 years / Male	TPA -
		Policy No.	

Item	Date	Quantity	Unit Cost(Rs.)	SGST%	CGST%	Batch	HSN Code	Amount(Rs.)
CONSULTATION - DR SATPAL SHISHODIA	04-02-2026	1	1000	0	0	-	-	1000

Amount Paid(Rs.)	Mode of Payment	Description	TimeStamp
1000	Cash		04-02-2026 06:20PM

Grand Total Rs. 1000.00
Grand Total In words : Rupees ONE THOUSAND
Round Off Rs. 1000
Amount discounted Rs.: <input type="text"/>
Amount paid Rs.: 1000
Amount due Rs.: 0

Token Number : 51
Printed by user : Aditya Singh
Authorised Signature

***** END OF RECEIPT *****

OPD Medical Bill/Receipt

51

Shishodia Orthopedic Center

Patient Name Mr. SATISH CHANDRA SINGH	PUID PID1770209407-36797	Receipt Id RID1770209830/25-26584	Date 04-02-2026
Phone number 8181847029	Address KHAJNI GORAKHPUR,	Age/Gender 45 years / Male	TPA -
		Policy No.	

Item	Date	Quantity	Unit Cost(Rs.)	SGST%	CGST%	Batch	HSN Code	Amount(Rs.)
RAY	04-02-2026	1	500	0	0	-	-	500

Amount Paid(Rs.)	Mode of Payment	Description	TimeStamp
500	Cash		04-02-2026 06:27PM

Grand Total Rs. 500.00
Grand Total In words : Rupees FIVE HUNDRED
Round Off Rs. 500
Amount discounted Rs.: <input type="text"/>
Amount paid Rs.: 500
Amount due Rs.: 0

Token Number : 51
Printed by user : AJAY VISHWAKARMA
Authorised Signature

***** END OF RECEIPT *****

GST INVOICE

Cash

Drg.Lic 1 : RLF20UP2025000762

Drg.Lic 2 : RLF21UP2025000764

GSTIN : 09AEIFS5808N1ZB

SH CHANDRA SINGH

SHIS_HOS_STAFF DISCOUNT (CASH) @MRP-10%

INV.NO. : 131/33950

Date : February 04, 2026 Time : 07:59 PM

DR Name : DR SATPAL SHISHODIA

8181847029

UHID:

Ward Name : /

Bed No: /

	ITEM NAME	PACK	RACK	QTY	MRP	RATE	AMT	DISC%	GST%	NET AMT	BATCH NO	EXP
189023	GLOPLAST 4" 1s	1.000	Shishod-11	1.000	1260.000	1260.000	1260.000	10.000	5.000	1134.000	BL251001	10/28
30049099	CLAVICLE BRACE XL (PERFECT) 1s	1.000		1.000	550.000	550.000	550.000	10.000	5.000	495.000	101	08/30
40103110	RIB BELT 40NO BELT 1s	1.000		1.000	800.000	800.000	800.000	10.000	5.000	720.000	RCB2510	10/30
30049099	ACENDOL-R TAB 10S	10.000	A-002	20.000	110.630	110.630	221.260	10.000	5.000	199.134	AR-059	09/28
30049099	DYNAPAR QPS 30ML LOTION 1s	1.000		1.000	356.250	356.250	356.250	10.000	5.000	320.625	AB5045	10/27
30049099	GOTRIP BR TAB 10s	10.000	G-003	14.000	206.300	206.300	288.820	10.000	5.000	259.938	DT501045	12/26
30049099	MYORIL 4 CAP 10s	10.000	M-005	15.000	299.300	299.300	448.950	10.000	5.000	404.055	02250237	12/26

Tax Details						TOTAL QTY: 53.000	SUB TOTAL (Inc. Tax) 3,925.280	
Value	Zero%	5%	12%	18%	28%	NO. OF ITEMS: 7	Discount	373.836
Base Value	0.000	3738.363	0.000	0.000	0.000	TOTAL SAVING:	SGST Amt	84.113
Scheme	0.000	0.000	0.000	0.000	0.000	392.000	CGST Amt	84.113
Discount	0.000	373.836	0.000	0.000	0.000		IGST Amt	0.000
Taxable	0.000	3364.525	0.000	0.000	0.000		Round Off	0.248
Tax	0.000	168.227	0.000	0.000	0.000		GRAND TOTAL	3533.000
TOTAL	0.000	3532.752	0.000	0.000	0.000			

PHARMACY
 Sign.....

*All disputes subject to GORAKHPUR Jurisdiction only.
 *Medicines without Batch No. & Expiry will not be taken back. Produce Bill for Exchange or Return Goods.
 *Please re-confirm the drug dosing and delivered medicines from concerned Doctor only.
 *Pharmacy is not responsible for drug dosing discrepancies. T&C apply. User: LAXMAN SINGH

FOR SHOBHIT MEDIWORLD LLP
 Authorized Signatory

GST INVOICE

Cash

Drg.Lic 1 : RLF20UP2025000760

Drg.Lic 2 : RLF21UP2025000762

GSTIN : 09AEIFS5808N1ZB

FSSAI No.: 22724623000278

Patient Name : SATISH CHAND

INV.NO. : 132/30801

Patient Address :

CASH NANGALIA

Date : February 02, 2026 Time : 02:52 PM

Mobile No : 6307520241

DR Name : Dr Mahendra Agrawal(IPD)

PD No: 0

UHID:

Ward Name : /

Bed No: /

S.N	HSN	ITEM NAME	PACK	RACK	QTY	MRP	RATE	AMT	DISC%	GST%	NET AMT	BATCH NO	EXP
	90189099	ARM SLING POUCH L (DYNAMIC) 1s	1.000		1.000	420.000	420.000	420.000	5.000	5.000	399.000	0425	09/30

Tax Details						TOTAL QTY: 1.000	SUB TOTAL (Inc. Tax) 420.000	
Value	Zero%	5%	12%	18%	28%	NO. OF ITEMS: 1	Discount	20.000
Base Value	0.000	400.000	0.000	0.000	0.000	TOTAL SAVING:	SGST Amt	9.500
Scheme	0.000	0.000	0.000	0.000	0.000	21.000	CGST Amt	9.500
Discount	0.000	20.000	0.000	0.000	0.000		IGST Amt	0.000
Taxable	0.000	380.000	0.000	0.000	0.000		Round Off	0.000
Tax	0.000	19.000	0.000	0.000	0.000		GRAND TOTAL	399.000
TOTAL	0.000	399.000	0.000	0.000	0.000			