

نیو گومل میڈیکل سنٹر

ڈاکٹر جمال الدین کلینک

Dr. ZEESHAN AFZAL, ADDRESS
7108
0349-9150046
0349-9150046

پتو: 7108

پتو: 7108

پتو: 7108

No.

523

Date 13/8/2020

Name

Qty.	PARTICULARS	Rate	Amount
	Dr. fee	1200	1200
	pmei - x-ray	700	700
	post-x-ray	700	700
	Anaesthesia fee	4000	4000
	Plantex fee	4000	4000
	Ramethar	97	97
	Danzew	302	302
	Escasa	1200	1200
			12199
	<i>(Signature)</i>		
	Signature:-	Total	12100
	Signature:-		1000

0349-9150046



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Fn

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Ctrl

AL-KHAYAT V. TAKAFUL LIMITED

نیو گومل میڈیکل سٹور

0306-9581108
0341-7979864
0309-8736580
0349-9150046

ڈاکٹر جمال الدین کلینک
ڈاکٹر میمن گل
ڈاکٹر نسیم گل
ڈاکٹر امجد علی خان

ڈاکٹر جمال الدین کلینک
میڈیکل سٹور
ڈاکٹر نسیم گل
ڈاکٹر امجد علی خان

اسے ہمارے ڈاکٹروں کے ڈاکٹروں کے لئے دیا جائے گا

530

Date 14/8/2020

No.

Name

Qty.	PARTICULARS	Rate	Amount
1/L	Carula 229	150	150
	To nuclal	140	140
	Rece pam 18	822	1644
	Splintec	500	500
	T.T	50	50
			2484
Total			2415

0306-9581108
0341-7979864
نیو گومل میڈیکل سٹور
Signature: [Signature]



Karakuram Medicine Store
Main Bazar, Chapli

504

Name: Liaquat Ali Khan

Date: 7/12/20

DUHS 02/19

ET

QTY	Name	Description	Rate	Amount
10x	Tab	Leffex 500mg	32	325
20x	Tab	Tonoflex P	12.8	256
20x	Tab	Nims 100mg	70	1400
01x	W	Canola 22G	208	208
01x	R/L	Vertin 1	97	97
01x	1/4	set	30	30
01x	Inf	Nubrel P	100	100
02x	Inf	Toradol	140	280
Total:			1436	

Esnad:Kknst4q@bomail.com

Signature

[Handwritten Signature]

Handwritten notes on the left side of the page, including:
 - 1/2 Canola
 - 1/2 Nubrel
 - 1/2 Toradol
 - 1/2 Vertin
 - 1/2 set
 - 1/2 Inf
 - 1/2 Tab
 - 1/2 W
 - 1/2 R/L
 - 1/2 1/4
 - 1/2 Inf
 - 1/2 Toradol
 - 1/2 Total: 1436

Serial No: _____

(U.S. 511/414 to 415)
OUTDOOR PATIENT TICKET

DHS (87)

District: _____

CRP No: _____

Facility Name: _____

Name: *Iskender M*

Age: *28*

Sex: *M*

Father/Husband's Name: _____

Abdullah

Monthly OPD Serial No. _____

28 / 246

Provisional Diagnosis: _____

Spinal Injury

Date: _____

Clinical Findings / Investigation / Treatment / Referral / Test Findings

7/12/20

for investigation

for 1000 ml

for 1000 ml + 1 + 1

1/2 Canada 226

for 1000 ml

1/2 = N/A + 1

1/2 - Traceable

Test - def - HBs - CP III

for 1000 ml

OScopy

File No: _____

Colour _____ Consistency _____ Reaction _____
 Occult Blood _____



MEDICAL REST CERTIFICATE

Name of employee Liaqat Ali Khan
S/O, D/O, W/O Abdul Wali Age 28 yrs
R/O 8/112 Ganna Designation UCPO
BPS 14 Department/Company WFO
remained under treatment from 7/12/2020 to 13/12/2020
Vide OPD No. 246 Diagnosis Head Injury
Rest advised in days 13 with effect from 12/12/2020
Report on 19/12/2020
Rest advised by Doctor Dr. Mustansir Hussain Hachy



220/MC/2019
dated 17/12/2020 721

Medical Officer
DHQ Hospital Khaplu
Ghanche

CERTIFICATE

It is certified that I Dr. Mustansir Hussain Hachy
S/O, D/O W/O Abdul Wali am not
involved in any Court of inquiry OR Criminal case and
has not received, any summon from the Court of law
against me.

(Signature of Govt. Employee)

Name: Dr. Mustansir Hussain Hachy

Date 19/12/2020

COUNTERSIGNED

MEDICAL SUPERINTENDENT
DHQ HOSPITAL KHAPLU
Ghanche

OUTDOOR PATIENT TICKET

QIMM LAB
CLINICAL CHEMISTRY
REIMAN CLINIC HOSPITAL, KADUNA, K.F.C. CLINIQUE

Ph # 05816-450421 Mobile # 09923-446839 / 0555-511601

Name: Longal Kitchin Age: 47 Sex: M Height: 171 cm
 Referred by: _____ Ex Req: 10 Project ID: _____ Date: 25/12/2014

Test	Normal Range	Result	Test	Normal Range	Result
WBC	4.5-10.5/cmm	13,382/cmm	Urea Nitrogen	10-20 mg/dl	16.0
Hemoglobin	13.5-16.5/gm/dl	13.5	Serum Creatinine	0.6-1.2 mg/dl	0.8
HCT	45.0-55.0%	42.5	BUN	10-20 mg/dl	18
RBC	4.5-11.5/cmm	4.2	Creatinine	0.6-1.2 mg/dl	0.8
Neutrophils	40-70%	45%	Bilirubin	0.2-1.2 mg/dl	0.1
Lymphocytes	20-40%	45%	Uric Acid	2.6-8.0 mg/dl	6.5
Eosinophils	1-4%	2%	Glucose	70-100 mg/dl	100
Monocytes	1-10%	2%	Calcium	8.5-10.5 mg/dl	9.5
Platelets	150,000-450,000/cmm	150,000	Sodium	135-145 mEq/L	138
ESR	0-15 mm/hr	12	Potassium	3.5-5.0 mEq/L	4.0
Blood urea Nitrogen	10-20 mg/dl	16.0	Magnesium	1.6-2.6 mEq/L	1.8
Parathyroid Hormone	30-70 pg/ml		Serum Phosphorus	2.5-4.5 mg/dl	2.8
Blood Urea Nitrogen	10-20 mg/dl	16.0	Alkaline Phosphatase	44-147 U/L	100

Supervised by:
Dr. Syed Muhammad Ali Shah
M.R.B.S.P.M.P
 Medical & General Physician

Dr. Ameer Stationary &
 024-23-446839
 Call Centre
 024-23-446839
 KADUNA, K.F.C. CLINIQUE
 REIMAN CLINIC HOSPITAL

Shabbir Printing Press Skardu 433101

DHQ HOSPITAL SKARDU



Date 18/12/20

S.No

Received Rs. 2000/- From Mrs. Khair in lieu of

XRAY / LAB / ADMISSION / OPERATION / LABOURROOM
C.T. Scan / USG / DENTAL / SURGERY / MINOR OT

Signature

IS 02(F)

24
orbital

Medical Diagnosis

Karakuram Medicine Store

05816-450847, 0355-5317188, 0355-5704230

Main Bazar Khaplu

MS Ligat AB thant
 Date 11-12-2020
 Price/R.P Discount Net Amount
 976.00
 130.60
 1890.00
 2946.00

Qty	Product	Batch#	Price/R.P	Discount	Net Amount
27	4g Hemocel	408.00			976.00
20	Parfex Stone	65.00			130.60
60	4g Dardel Ig	315.00			1890.00
					2946.00

Total Amount 2946

Warranty under section 23(1)-(i) of the drugs act 1976
 We Karakuram medicine store resident in origin taluk Main Bazar Khaplu and being authorized distributors of the products of Above companies 35 hereby given this warranty that the drug sold by Section 23 of the Drug Act 1976.

NOTE (*) Main products shall not covered this warranty. Date of expiry. Products shall not be accepted back unless within information given 4 months in advance of expiry date.

Manager

WASHI INTERNATIONAL

Muhammad Hussain Medical Store & Clinic

Main Bazar Khaplu 0344-2245161

No. 1448 Date: 11-12-2020

M/s: Saqaf Ali Khan

Qty.	Rate	Amount
1x	230	232
1x	140	140
1x	215	215
1x	100	100
1x	100	100
1x	50	50
Total		832

WARRANTY
Warranty for only Registered Ministry of Health Drug Act 1976

Total Amount 2946

entitled under section 23(1)-(l) of the drugs act, 1976
 Karakoram medicine store resident in Gilgit Baltistan Pakistan
 is the business of Main Bazar Khaplu and being authorized distributors/
 of Above companies do hereby given this warranty that the drug sold by
 23 of the Drug Act 1976.

Mark products shall not covered this warranty, Date of expiry
 shall not be accepted back unless written
 given 4 months in advance of expiry date.

Manager

161

(میتھنگ ٹیکٹ) (میتھنگ ٹیکٹ)

OUTDOOR PATIENT TICKET

DUHS (OPD)

Sent To:

District _____ CRP No: _____

Facility Name _____

Name ولید علی Age 28 Sex M

Father's/Husband's Name Abdullah

Monthly OPD Serial No. 08 0390

Provisional Diagnosis: Head injury

Date 11/12/20

Clinical Findings / Investigations / Treatment / Referred / Test Findings

1st & 2nd OPD
 1st OPD: 11/12/20
 2nd OPD: 11/12/20
 3rd OPD: 11/12/20
 4th OPD: 11/12/20
 5th OPD: 11/12/20
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Total

warranty for only registered minnow of health Dr

Total Amount

CT Brain plain

- Minimally displaced superior ^{right} orbited wall fracture (orbital part of frontal bone). is a small air loculi. Mildly displacing superior rectus muscle.
- Optic nerve, eyeball and orbited ^(head base) ^(in straight) contents are intact. No free fluid collection seen.
- Underlying brain is unremarkable.

Δ left orbited part of frontal bone fracture.

16/12

MASHABROOM MEDICAL STORE

OPP DHQ HOSPITAL

SKARDU LIC. NO.63 RIS, SKD.

No. **932**

Date 15/12/2020

Name Asghar Ali Khan

Qty	Particulars	Rate	Amount	
			Rs.	P.
24	Gas Nergeside	511	102	00
1x30	Gas Sarc B	886	336	00
4x	Spp Gimber	697	2780	00
			<u>3218</u>	<u>00</u>

Total Amount 3218-00

Mashabroom Medical Store
Opp DHQ Hospital Skardu

Signature

Phone: 0900 9000000000