

# Department of Accident & Emergency

## Service Form

Serial No. 13832  
Name: Waleed Ali  
Age: 29  
Gender: m

MR Number: \_\_\_\_\_  
Slip Number: 6794  
Date: 27-1-22  
Time: 17:32

VITAL SIGNS: BP= 1 mmHg : Pulse: \_\_\_\_\_ /mm : Temp: \_\_\_\_\_ °F : R/R: \_\_\_\_\_ /min : Weight: \_\_\_\_\_

**Services Given:**

*vital Resusc*

	Services		Services
<input type="checkbox"/>	E.C.G	<input type="checkbox"/>	Detaining Charges / hour
<input type="checkbox"/>	RBS	<input type="checkbox"/>	Oxygen / hour
<input type="checkbox"/>	IV Canula (Adult/Paeds)	<input type="checkbox"/>	Foley's Catheter Pass
<input type="checkbox"/>	Nebulization	<input type="checkbox"/>	Foley's Catheter Removal
<input type="checkbox"/>	IV Infusion (100ml)	<input type="checkbox"/>	Condom Catheter
<input type="checkbox"/>	Drip (500ml/1000ml)	<input type="checkbox"/>	NG Tube
<input type="checkbox"/>	Inj Venofer	<input type="checkbox"/>	Pamper Change
<input type="checkbox"/>	Dressing (Min/Med/Maj)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Enema Pass	<input type="checkbox"/>	Other
<input type="checkbox"/>	Stomash Wash	<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>	POP / Back Slab	<input type="checkbox"/>	Other
<input type="checkbox"/>	POP Cutting	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Nursing Staff Name: [Signature]

Date: \_\_\_\_\_



**OPD CONSULTATION RECEIPT**

Receipt No : 220126014

Date : 26-01-22 10:32

MR. No : 51-68-64

Panel : Private

Received from Mr. / Miss. / Mrs. WALEED AHMED .

the sum of Rupee Eight Hundred Only with thanks

on account of CONSULTATION OF DR S.M AZFAR (M)

Clinic Fee.	800.00
Discount.	0.00
Ancillary Charges.	0.00
Net Fee.	800.00

نوٹ: کینی پیمنٹ۔  
رہنڈ کیلئے اگر 7 دن کے اندر رجسٹریشن کرینگے تو اگلی بقیہ رقم کی ادائیگی ممکن نہیں ہوگی۔  
اوقات صبح 10 بجے سے شام 4 بجے تک علاوہ ہفتہ اتوار اور عام تعطیل اسے شناختی کارڈ کی کاپی اور ڈیپارٹمنٹ سب اہمیت سب ساتھ لانا لازمی ہے  
اپنے بھٹیا جات تین دن میں وصول کر لیں اس کے بعد بھٹیا جات واپس نہیں کئے جائیں گے۔

Now Sunday Clinic at Darul Sehat Hospital from 10:00AM to 2:00PM for appointment and Details  
please call us on 021-111-300-999 Ext:211

Thank you for coming DSH, You can get 10% discount within  
48hrs of consultancy on Routine Radiology and Laboratory.

for: Darul Sehat Hospital

User : OPD6185

Printing Date : 26-01-22 10:41

**CASH MEMO -ER**

ST-19, Block -15,  
Gulistan-e-Jauhar.  
Karachi.  
Tel : 34610271-5 Lines  
UAN : 111 - 300 - 999  
Fax : 92-21-34610276

M R No. :

Rec. No. : 2-220106464 Original Date : 26-01-2022 11:01

Received from Mr. / Miss / Mrs. WALEED ALI

Age 29 YEAR Sex Male Contact No. \_\_\_\_\_

a sum of Rupee Three Hundred only From CASH with thanks  
on account of \_\_\_\_\_

Prescribed By :

Code	Investigation	Delivery Date	Amount
129000033	EMERGENCY / MINOR OT DRESSING	26-JAN-22	200
129000109	EMERGENCY / SERVICE FORM	26-JAN-22	100
Total :			300

\*\*

CC7233

**RECEIVED CASH**  
**DARUL SEHAT HOSPITAL**  
**CASH COUNTER**

نوٹ: کھٹی پھیٹ۔

ریفینڈ کیلئے اگر 7 دن کے اندر رجوع نہیں کریں گے تو اس کی بقیر تم کی اور اس کے لئے کسی دوسری  
اوقات میں 10 بجے سے شام 4 بجے تک ماواہ ہفتہ وار اور ماہنامہ تعطیل اپنے شناختی کارڈ کی کاپی اور ریپازٹ سبب اجتناب سبب ساتھ ساتھ 10 روز سے

**CASH MEMO -ER**

M R No.:

Rec. No.: 2-220106794

Original

Date : 27-01-2022 17:32

Received from Mr. / Miss / Mrs.

WALEED ALI

Age 29 YEAR

Sex Male

Contact No. \_\_\_\_\_

a sum of Rupee Six Hundred only

From CASH with thanks

on account of \_\_\_\_\_

Code	Investigation	Prescribed By :	Delivery Date	Amount
129000051	EMERGENCY / BACK SLAB SINGLE JOINT ( BY STAFF) IN ER		27-JAN-22	500
129000109	EMERGENCY / SERVICE FORM		27-JAN-22	100
Total :				600

\*\*

CC7233

**RECEIVED CASH**  
**DARUL SEHAT HOSPITAL**  
**CASH COUNTER**

نوٹ: کھلی وقت۔  
رہنڈ کیلئے اگر 7 دن کے اندر رجسٹر نہیں کریں گے تو کسی  
اوقات 10 بجے سے شام 4 بجے تک ملائے وقت اتوار اور نام تعطیل اپنے شناختی کارڈ کی کاپی اور رجسٹرڈ سٹپ / بکنڈ سٹپ ساتھ لائے ہوئے ہے

# FEDERAL HOSPITAL

KARACHI

Tel: 36364857, 36809051

OPD NO :

## PATIENT SLIP

\* PATIENT COPY \*

PATIENT: WALEED ALI

SLIP No 388911 IPD#: 0/0 ROOM NO.:- Phone: 0 9:30:18AM  
CARD NO: 0 Age : 0 Y Sex M User MR KAMRAN  
Doctor : DR. SANTOSH KUMAR Referred: SELF Date:26/01/2022 SHIFT M

S.No	DEPARTMENT	CHARGES DESCRIPTION	Rate	Qty	AMOUNT
1	Emergency	OPD	250	1	250
2	Emergency	DRESSING (MEDIAM)	100	1	100

Total Bill	Discount	Net Amount	Cash Received	Balance
350	0	350	350	0

(DIS)

(REC)

(NEW BAL)

\*\* This is computer generated slip no signature required \*\*

\*\*\* THANKS FOR VISITING US, IF YOU HAVE ANY QUERY PLEASE CONTACT US ON 36364857, 36809051 \*\*\*



**CASH SLIP**

ST-19, Block -15,  
Gulistan-e-Jauhar.  
Karachi.  
Tel : 34610271-5 Lines  
UAN : 111 - 300 - 999  
Fax : 92-21-34610276

M R No.: \*51-68-64\*

Rec. No.: 1-220202839

Original

Date : 17-02-2022 20:43

Received from Mr. / Miss / Mrs.

WALEED AHMED .

Age 29 YEAR

Sex Male

Contact No. 03313623561

a sum of Rupee Seven Hundred Seventy-Four onl From CASH with thanks  
on account of

**DR. S.M AZFAR (E)**

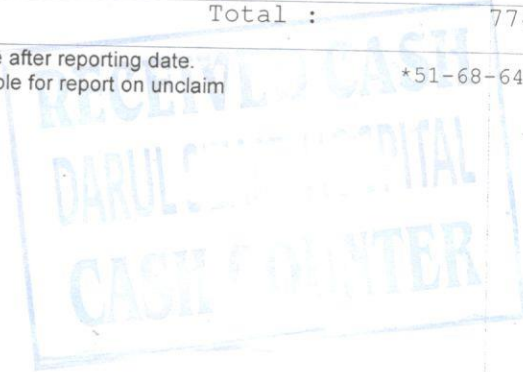
Code	Investigation	Delivery Date	Rate	Qty	Amount
003010181X	RAY / SCAPHOID BONE VIEW	19-FEB-22	860	1	774
Total :					774


**Note:** Please collect your report after 07:00 Pm on reporting date or any time after reporting date.  
Please bring original cash slip to collect the report. DSH will not be responsible for report on unclaim  
for 3 months.

\*51-68-64\*

CC2824

For Darul Sehat Hospital



  
**DARUL SEHAT HOSPITAL** **OPD CONSULTATION RECEIPT**

Appointment. # **11**

ST-19, Block -15,  
Gulistan-e-Jauhar.  
Karachi.  
Tel : 34610271-5 Lines  
UAN : 111 - 300 - 999  
Fax : 92-21-34610276

Receipt No : 220217229  
MR. No : 51-68-64  
Panel : Private

Date : 17-02-22 19:42

Received from Mr. / Miss. / Mrs. **WALEED AHMED .**

the sum of **Rupee Eight Hundred Only**

with thanks

on account of **CONSULTATION OF DR. S.M AZFAR (E)**

Clinic Fee.	800.00
Discount.	0.00
Ancillary Charges.	0.00
Net Fee.	800.00

نوٹ: کلینک پیمنٹ۔  
ریفرنڈ کیے اگر 7 دن کے اندر رجوع نہیں کرینگے تو انکی بقیہ رقم کی ادائیگی نہیں ہوگی۔  
اوقات 10 بجے سے شام 6 بجے تک علاوہ ہفتہ آوار اور عام تعطیلات اپنے شخصی کارڈ کی کاپی اور ریزرویشن سلیپ اور پیمنٹ سلیپ ساتھ لانا لازمی ہے۔  
اپنے رہتلا جات تین دن میں وصول کریں اس کے بعد بقیہ جات واپس نہیں کئے جائیں گے۔

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please call us on 021-111-300-999 Ext:211

Thank you for coming DSH, You can get 10% discount within  
48hrs of consultancy on Routine Radiology and Laboratory.

for: Darul Sehat Hospital

User : OPD5428

Printing Date : 17-02-22 19:51

Darul Sehat Hospital  
**Visa Receipt OPD Pharmacy**

Bill No 2201260131 User: PH8958  
 Name WALEED Date: 26-JAN-27 10:58 AM

Item Name	Qty	Total
Fucidin Cream 15 Gram	1	388.0
Zinacef 250 Mg Tablet	10	662.0
Rotec 50 Mg Tablet	10	165.0
<b>Gross Amount :</b>		<b>1,215</b>
<b>Discount Amount :</b>		<b>60.75</b>
<b>Net Amount:</b>		<b>1155</b>

Rupee One Thousand One Hundred Fifty-Five only

**Note:**

- Medicine will not be refunded without cash memo.
- Injectables, Fridge & Disposables items will not be refunded
- No Refnd after 24 Hours of Dispensing

Darul Sehat Hospital  
**Visa Receipt OPD Pharmacy**

Bill No 2201260131  
 WALEED

Item Name	Qty	Total
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**Cash Receipt**

Bill No 2201260131 Date: 26-JAN-27 10:58 AM  
 Name WALEED User: PH8958

Item Name	Qty	Total
Eup Bandage 4"	3	1050
Light Green Cotton (Carbon Foot 6")	1	100
Crope Bandage 4"	3	1050
<b>Gross Amount</b>		<b>460</b>
<b>Discount Amount</b>		<b>23</b>
<b>Net Amount</b>		<b>436</b>

Rupee Four Hundred Thirty Six only

**Note:**

- Medicine will not be refunded without cash memo
- Injectables, Fridge & Disposables items will not be refunded
- No Refnd after 24 Hours of Dispensing

**Cash Receipt**

Bill No 2201260131 Date: 26-JAN-27 10:58 AM  
 Name WALEED User: PH8958

Item Name	Qty	Total
Polysling (For Good Cut) Adult	1	220
<b>Gross Amount</b>		<b>220</b>
<b>Discount Amount</b>		<b>11</b>
<b>Net Amount</b>		<b>211</b>

Rupee Two hundred Eleven only

**Note:**

- Medicine will not be refunded without cash memo
- Injectables, Fridge & Disposables items will not be refunded
- No Refnd after 24 Hours of Dispensing

**Cash Receipt**

Bill No 2201260131 Date: 26-JAN-27 10:58 AM  
 Name WALEED User: PH8958

Item Name	Qty	Total
Eup Bandage 4"	3	1050
<b>Gross Amount</b>		<b>552</b>
<b>Discount Amount</b>		<b>28</b>
<b>Net Amount</b>		<b>524</b>

Rupee Five hundred Twenty Four only

**Note:**

- Medicine will not be refunded without cash memo
- Injectables, Fridge & Disposables items will not be refunded
- No Refnd after 24 Hours of Dispensing



# Seven86 Medicos

Shop # 3, Rufi Heights, Phase 1, Block-17  
Gulistan-e-Johar Karachi

DRUG LICENCE #: 5993

NTN #: 0284376-5, STRN #: 3277876166695

For Questions, Comments & Any Inquiry

PTCL # 021-34010647, 021-34636764

Email: seven86medicos@gmail.com

## SALE RECEIPT

# SI-0000947

Receipt #: SI-0000947 Date: 17/03/2022

Cashier: NABEEL 7:53:42 PM

POS: DESKTOP-DH7E15T

Customer:

Customer Cell #:

S #	Pack	Unit	Gross	Discount	Amount
1	VOLTRAL EMULGEL 2% 40GM (390.00)				
	1	0	390.00	39.00	351.00
2	STARCOX 60MG TAB (161.31)				
	1	0	161.31	16.13	145.18
			<b>551.31</b>	<b>55.13</b>	<b>496.18</b>

POS Service Fee: Re. 1.00

# 497

Mode of Payment

**We Have No Other Branch**

Customer Note

17 MAR 2022

CARD PAYMENT WILL NOT RETURN

HOME DELIVERY VIA STAPP

Ph: 021-34636764

Note: Please check & verify your medicines, expiry dates and balance cash before leaving the counter. Any later claim will not be acceptable.

Product can be returned or exchanged within 7 days of sales. Original receipt is mandatory for return, exchange and complaints.

Refrigerated items, loose tablets or capsules, inhalers, sprays, appliances, test strips, baby care, surgical, dermatology products and baby milk are neither returnable nor exchangeable.

Pharmacy is not responsible for any side effects or reaction of medicines.

Customer data may be utilized for sharing promotions, offers, market research and analysis.

FBR



FBR Integrated Invoice

137163220317195343095

Print Date & Time: Thursday, 17 March, 2022 7:53:44 PM

We are pleased to serve you 7 days a week  
Store timing 10 AM to 12 AM (Midnight)



**Mamji Hospital**  
Orthopaedic & General

Radiology Department Receipt

Receipt #: X00162943  
Patient No: R01042714  
Date: 26 JAN 22 10:03 AM  
Name: Mr. Waheed Ali S/O  
Age: 29 Years Gender: Male  
Ref Doctor: None  
Company: Private Patient  
MOP: Credit Card

S/N	Radiology Test Name	Amount
1	HAND AP/LT VIEW	1,000.00
Total Amount		1,000.00
Received		1,000.00
Balance		00

Amount (in words) { One Thousand Only }

Printed On: 26 01 2022 10:03:33

Printed By: NADEEM MOJIB

Note:

Please bring this bill/receipt to collect reports after 8 PM on the reporting date.

In case of public holidays or any circumstances report will be issued on next working day.

Radiology department will not be responsible for reports not collected within one month after the reporting date.

On-call appointment please call  
UAN # 021-111-166-177 Tel # 021-36806167

On-line appointment please visit:  
<https://mamjihospital.com/make-an-appointment/>

<https://www.facebook.com/MamjiHospitalLive>

Email: [consultantopd@mamjihospital.com](mailto:consultantopd@mamjihospital.com)

Website: <https://mamjihospital.com/>

C-19, Block-17, F.B. Area, Karachi - 75950



FEDERAL HOSPITAL

C-8, BLOCK-20, FEDERAF'B' AREA, KARACHI-75950  
PHONES: (021) 6801433, 6809051

Name: Waleed Ali

Date: 26/1/22

Age: \_\_\_\_\_

Rx

Tab: Voren Song

1+0+1

Tab: Neurtral Forte

1+1+1

Tab: Calanex 625mg - 3 days

1+0+1

Adv

X-Ray (L)  
Hand