



CHENNAI

APOLLO HOSPITALS ENTERPRISE LTD

LAB SCHEDULE SLIP

AH-OF-LR-0904

TEL:28296450, 28293333 - Ext: 6450

Blood Collection Token

RR0217



Patient Details: Mr. OHID ZAMAN TONU /Male /21Yr 6Mth 14Days

Reg No : AC01.0004937479

Patient No : CHMOPP8949481



Lab No : 12780743

Doctor Name : Dr. RAVICHANDRAN G

Date & Time : 17-Feb-2023 10:24

| S.No | INVESTIGATION (S) | 17-Feb-2023 | |
|------|-----------------------------|-------------|-------|
| 1 | ALT(SGPT) - SERUM | 17-FEB-2023 | 19:00 |
| 2 | CBC | 17-FEB-2023 | 17:00 |
| 3 | CREATININE - SERUM / PLASMA | 17-FEB-2023 | 19:00 |
| 4 | IgE (TOTAL) | 18-FEB-2023 | 06:00 |

Total Reports will be available for collection on **18-Feb-2023**

Reports in this counter will not be retained for more than 2 months.

Generated By : Draviyam Sathish Fernando

To avoid waiting in the queue for collecting the report kindly login to Patient Health record by accessing the below link and download your reports.

<https://www.apollo247.com>

Note: Certain report will not be available in the patient health records

To access some of your lab results online, activate your account at www.apolloprism.com

Please call us @ 044-4040 1066 for any queries

J443N3ZN

OP Cash Bill - Bill of 5000/-

Reference No :

The Emergency Specialist



Saving time. Saving lives

: Mr. OHID ZAMAN TONU

Age : 21Yr 6Mth 14Days

UHID: AC01.0004937479

Name : MD AMINUZ ZAMAN

Sex : Male

OP Number: CHMOPP8949481

Address : VILL BILLBOKRI FARIDPUR ALLAH

BAD 6650 Pabna

Other-State-Bangladesh Bangladesh,

CellNo:880-1861225774

Pan Number:

Doctor's Name : Dr. RAVICHANDRAN G

Bill No : CMH-OCS-6101753

Date : 17-Feb-23 Time : 10:15:57

Speciality : DERMATOLOGY

Bill Amount: ₹. 4,150.00

FOR APOLLO HOSPITALS

Amount in words: ₹ Four Thousand One Hundred Fifty Only

| S.No | Service Type/Service Name | Department | Quantity | Ref Tariff | Dis(%) | Amount (INR) |
|------|-----------------------------|--------------|----------|------------|-----------|--------------|
| 1 | Investigations(999311) | | | | | |
| 1 | CREATININE - SERUM / PLASMA | BioChemistry | 1 | 430.00 | 0.00 | 430.00 |
| 2 | CBC | Haematology | 1 | 840.00 | 0.00 | 840.00 |
| 3 | ALT(SGPT) - SERUM | BioChemistry | 1 | 580.00 | 0.00 | 580.00 |
| 4 | IgE (TOTAL) | Microbiology | 1 | 2,300.00 | 0.00 | 2,300.00 |
| | | | | | Sub Total | 4,150.00 |

Service Amount : 4,150.00

Total Bill Amount 4,150.00

Final Payment (Cash:4,150.00, NonCash:0.00) 4,150.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ₹. 4,150.00 (CASH)

₹ Four Thousand One Hundred Fifty Only From Mr. OHID ZAMAN TONU

* Denotes Cancelled Services

Authorized Signatory

(QR) Denotes Quick Registration

Mr. Samson G

Cashier

Online Payment access- <https://pay.apollohospitals.com>

Keep the records carefully and bring them along during your next visit to our hospital

For enquires, appointments & Telemedicine consultations contact: 044 - 40401066

Registered Office : APOLLO HOSPITALS ENTERPRISE LIMITED No 19 Bishop Gardens, Rata Annamalaiapuram Chennai- 600 028, CIN-L85110TN1979PLC008035

APOLLO HOSPITALS : 21, Greams Lane, Off Greams Road, Chennai 600 006. Phone: 044 2829 3333, 2829 0200 Fax: 044 2829 4429

e.mail: enquiry@apollohospitals.com Website: www.apollohospitals.com

- DIAGNOSIS & RECOMMENDATIONS

Name: _____ Age: _____ M/F _____ UHID: _____

Diagnosis:

AC01.0004937479
Mr. OHID ZAMAN TONU
Age: 21 Year(s)/male
17 Feb, 2023 9:08:46 AM



P
PP

Recommendation:

Patient Name:

Diet: low fat

Physical Activity:

Medication:

topical steroid
induced hypopyon
blood vessel
eye
leg foot



- ✓ CBC
- ✓ IGE TOTAL
- SAPI
- b. Pilocarpine

17/2/23

✓ TB APREZO 10mg

1 - 0 - 0 X 10 days empty stomach
1 - 0 - 0 X 10 days


(30mg) 1 - 0 - 0 X 1 month

1 - 0 - 1 X 3 months

Follow up:

✓ Vervsia max cream

Dr. G. RAVICHANDRAN

Signature: 

Date:

Time:

17/2/23

In case of Emergency, please call 044-2829 4343 or come directly to Emergency.

You can also fix appointment through Website : www.apollohospitals.com

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Fax : +91 44 2829 4429 E-mail : enquiry@apollohospitals.com