

<b>Patient :</b>	<b>MR. FAZAL SHAIKH</b>	<b>Adm. Doctor :</b>	<b>Dr. AMAR ARUN KARKHANIS</b>
<b>Contact :</b>	9664326012	<b>Adm. Dt :</b>	29 Feb'24
<b>Facility :</b>	Dr Agarwal's Eye Hospital-THA	<b>Age/Sex :</b>	36 years 6 months /Male
<b>MR No. :</b>	THA/16645/24	<b>Adm. ID :</b>	AEH-IPD-1352731

## DISCHARGE SUMMARY

### Discharge Details :

**Admission Date & Time :** 3:00 AM, 29/02/2024  
**Discharge Date & Time :** 11:00 AM, 29/02/2024  
**Service Unit :** Ophthalmology

**Reason For Admission :** RIGHT EYE CATARACT

### Diagnosis:

- Presbyopia- H52.4



### Surgery Details :

**Treatment Type :** Surgical      **Anesthesia Used:** Topical

**Surgeon :** DR AMAR KARKHANIS  
**Anaesthetist :** DR MANJEET PRADHAN

### INVENTORY :

**IOL Power :** 21.50  
**Implant :** TRIPHOBIC HD

<b>MODEL :</b> AS-6TD	<b>TRIPHOBIC</b>	 
<b>POWER :</b> +21.50	<b>LOT :</b> 2BL372	
<b>OPT.DIA :</b> 6.00	<b>MFG :</b> 2023-12	
<b>LENGTH :</b> 13.00	<b>EXP :</b> 2028-11	
		<b>Add N :</b> +3.5D <b>Add I :</b> +1.80D
		<b>SN :</b> GJ0223000006248366

**Advice On Discharge : Never miss the Post OP Reviews.**

S.No.	Name	Qty	Frequency	Duration	Eye	Instruction	
1	<b>EDR MOXIVISC-DM - EYE DRO P</b>		As advised below		<b>Right</b>		
<b>Sr No.</b>	<b>No of Days</b>	<b>Start Date</b>	<b>End Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Frequency</b>	<b>Interval</b>
1.1	7	29/02/2024	06/03/2024	06:00 AM	10:00 PM	6 times a day	-
1.2	7	07/03/2024	13/03/2024	06:00 AM	10:00 PM	4 times a day	-
1.3	7	14/03/2024	20/03/2024	06:00 AM	10:00 PM	3 times a day	-
1.4	7	21/03/2024	27/03/2024	06:00 AM	10:00 PM	2 times a day	-
1.5	7	28/03/2024	03/04/2024	06:00 AM	10:00 PM	1 time a day	-
2	<b>EDR NEFASOL - EYE DROP</b>	1	2 times a day	40 Days		<b>Right</b>	
3	<b>TAB EYE TAMIN TOTAL - TAB</b>	1	1 times a day	30 Days		-	
4	<b>OCULEAF WIPES - WIPES</b>	1	2 times a day	30 Days		<b>Right</b>	



All the Medication & Post Operative instruction have been Explained to me in details.

**Dr. Amar Arun Karkhanis**  
Printed on: 29 Feb'2024, 11:05 AM

**Handover Detail :**

PERSON NAME :  
CONTACT NO :  
RELATION :

GST TAX INVOICE

**TRIMURTI CHEMISTS**

(CHEMIST &amp; DRUGGIST)

Shop No.14A, Soham Plaza, Ground Floor, Manpada, Thane (W)

CR CARD

GSTIN: 27AAVPG3005A1Z5

Invoice No: 23600 Date Of Issue: 29/02/24 State: Maharashtra Code:27

Pat. Name &amp; Add: FAZAL SHAIKH THANE

Doc. Name &amp; Add: DR AMAR KARKHANIS THANE W

Customer: 3-OPD 0 GST No:

SNo.	Product Desc.	Mfg	Batch	Expiry	Qty	MRP.	Disc.	CGST %	SGST %	Value Of Supply
1	MOXIVISC DM EYE DROPS 5 ML	-	PZQAF08	10/25	1.0	176.00	0.00	6.00	6.00	176.00
2	NEFASOL E/D -5ML	LAVUE	PZQAC15	03/25	1.0	225.50	0.00	6.00	6.00	225.50
3	EYETAMIN TOTAL CAP	ENTOD	INT2387	03/25	3.0	349.00	0.00	9.00	9.00	1047.00

CGST: 101.37

SGST:101.37

Disc.

0.00

Total ` 1448

Consult Your Doctor Before Using The Medicine. \*\* Goods to be returned within 21 Days Only for Sale

Subject To Thane Jurisdiction Only. E. &amp; O.E.

Total Invoice Amount (In Words) - ONE THOUSAND FOUR HUNDRED FORTY-EIGHT ONLY

PHARMACIST

DL.No. 20-MH-TZ1-151755, 21 MH-TZ1-151756, 20C MH-T PREPARED BY:SADHANA KEWAT



**Karkhanis Super Speciality Hospital**  
(Unit of Dr. Agarwals Eye Hospital)  
102, Soham Plaza, Tikuji Ni Wadi Road, Manpada  
Flyover, Manpada, Thane West,  
Thane, Maharashtra- 400 607

**CASH BILL**

**OP Bill No** : THA/OP/3202      **Bill Date** : 21-02-2024 07:22 PM      **UHID** : THA/16645/24  
**Name** : Mr. FAZAL SHAIKH      **Consultant** : Dr. Amar Arun  
(36 - Years / Male)      Karkhanis  
**Phone No.** : 9664326012      **Pay Type** : SELF PAYING      **GSTIN** : 27AADCD4418M1ZH

S. No	Date	Service Description	HSN/SAC	Qty	Amount	CGST	SGST	IGST
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**OPD**

1	21/02/2024	New Consultation Charges		1	700.00	0.00	0.00	0.00
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**PaymentMode**

21-02-2024	Cash	700.00
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**Bill Summary**

Total Amount	700.00
Total CGST	0.00
Total SGST	0.00
Total IGST	0.0
Total Bill Amount	700.00
Total Payments	700.00

