

APOLLO HOSPITAL

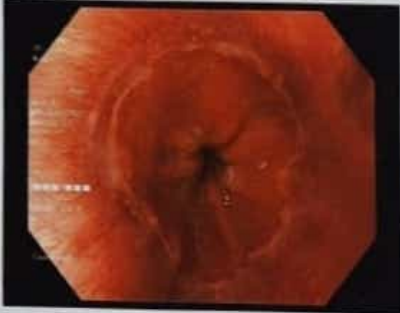
Plot No:251, Sainik School Road, Unit-15

Bhubaneswar-751005

Tel: 0674 6661066/6661016 Fax: 0674-6660408

Patient ID: 2023090117
Name: Mr. SUBHAM SAHU
Age: 16 Y
Sex: M
Date: 30-Oct-2023

Ref By: Dr. SUSHANT KUMAR SETHI ,MD
(Medicine),DNB(GASTRO)
Study: UGI ENDOSCOPY
Examined By: Dr. SUSHANT KUMAR SETHI
,MD(Medicine),DNB(GASTRO)
Hospital ID: ODB1.0000805650



REPORT OF UPPER G.I ENDOSCOPY

INDICATION : Pain abdomen, early satiety, dyspepsia.

PREMEDICATION : Xylocaine spray

OESOPHAGUS : Normal.

G.E JUNCTION : 40 cm, from incisor teeth.

STOMACH :

FUNDUS : Hiatus hernia seen on retroversion

BODY : Erythematous mucosa with few erosions seen

ANTRUM : Erythematous mucosa with multiple erosions seen

PYLORUS : Normal

DUODENUM:

1ST PART : Normal

2ND PART : Normal

RUT : Done

IMPRESSION : **HIATUS HERNIA.**
EROSIVE GASTRITIS.



Dr. SUSHANT KUMAR SETHI
,MD(Medicine),DNB(GASTRO)

Apollo Hospitals Enterprise Limited

Registered Office : No. 19 Bishop Gardens, Raja Annamalaipuram,
Chennai - 600 028, Corporate Identity Number (CIN) : L85110TN1979PLC008035
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GSTIN : 21AAACA5443N3ZS		OP Cash Bill -Bill of Supply		Reference No :		
Name : Mr. SUBHAM SAHU		Age : 16Yr 6Mth 22Days		UHID: ODB1.0000805650		
Father Name : MR HIRALAL SAHU		Sex : Male				
Address : AT-JAYDEV VIHAR Bhubaneswar Odisha India 751013, CellNo:91-6371333583				OP Number: ODB1OPP3275867		
Pan Number:						
Doctor's Name : Dr. SUSHANT KUMAR SETHI		Speciality : GASTROENTEROLOGY		Bill No : ODB1-OCS-3095532		
				Date : 30-Oct-2023 Time : 10:31:02		
Bill Amount: ₹. 1,000.00				FOR APOLLO HOSPITALS		
Amount in words: ₹ One Thousand Only						
S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation(999311)					
1	OP Consultation - First Visit	Medical	1	1,000.00	0.00	1,000.00
					Sub Total	1,000.00
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Weight: 5.8kg Height: 114/80cm Blood Pressure: 78/60mm. Pulse Rate: 100/10 SpO2: 100% </div>						
Service Amount :						1,000.00
Total Bill Amount						1,000.00
Final Payment						1,000.00
(Cash:0.00, NonCash:1,000.00)						
No Tax is Payable on Reverse Charge Basis						
Receipt Details: Received with thanks sum of ₹. 1,000.00 (TELEGRAPHIC TRANSFER)						
₹ One Thousand Only From Mr. SUBHAM SAHU						
* Denotes Cancelled Services						Authorized Signatory
(QR) Denotes Quick Registration						
Mr. Sonam Baral						
Cashier						
Online Payment access- https://pay.apollohospitals.com						

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"