



To,
Social worker,
KSCM

Jumman
12/11/21
7588

Respected sir/madam,

kindly consider this child -

- "Recent idiopathic acute transverse myelitis"
for following investigations:

- ① CSF for AQP-4 Antibodies - 5000/-
- ② CSF for oligoclonal bands - 5800 = 10800/-
- ③ MRI Brain & spinal cord \pm contrast R 11000/-

Dr. Anil Kumar

Dr. Anil Kumar

Dr. Anil Kumar
12/11/21

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12/11/21

Director - Professor
Department of Pediatrics
Lady Hardinge Medical College &
Kalawati Saran Children's Hospital
New Delhi-110001

Main Laboratory : Oncquest Laboratories Ltd.
 3 - Factory Road, Adj. Safdarjung Hospital,
 New Delhi - 29, Tel. : 011 - 30611432/467
 E-mail : info@oncquest.net
 Website : www.oncquest.net
 PAN: AAACO9860B



oncquest
 discover diagnose defend

CASH RECEIPT

Accession / Patient Registration (I.D.) No.

Kalawani = 3

S. No. FR. 15778

Date 13/4/17

Received with Thanks from (Mr. /Ms./ Dr.) JUMMANO Mission

The sum of Rupees (in figure) Ten thousand eight hundred

(In Words) 10800/-

Age : 12 Sex : M Contact No. : Referred by : Dr.

S. No.	TEST REQUESTED	PRICE
	AQP CSF (NMU)	5000/-
	Oligoclonal Band	5800/-
	CSF	

verified
 A.N. Saran
 Medical Superintendent
 Kalawani Saran Hospital
 New Delhi
 13/4/17

Total Amount 10800/- Discount

Net Amount Received 10800/- Balance Due (if any)

Report to be Collected on Report Collection Timings a.m./p.m.

Mode of Payment: Wallet/Cash/Cheque/Cr./D. card/DD:



Please Note : Reports will not be available online for downloading if paid partially or unpaid.

For Office Use Only

SAP No.

Invoice No.

DR GULATI IMAGING INSTITUTE

S M IMAGING INST PVT LTD

J-16 Hauz Khas Enclave
Main Aurobindo Marg
New Delhi -16
49515253

BILL CUM RECEIPT

PATIENT'S NAME: RASHMI C/O MISSION HOPP	TEST DATE: 09-NOV-2016
AGE/SEX: 9 / FEMALE	BILL NO.: 4061
REF. BY: DR. KALAWATI HOSPITAL	BILL/INV 10-NOV-2016

S.No.	Examination Description	Test code	Rate (Rs.)
1	3 TESLA MRI CONTRAST		3,000
Total Amount			3000
Service Tax			0
Net Amount			3000
Paid Amount			3000

Rupees Three Thousand Only.

Note: Please issue cheque in favour of SM Imaging Inst Pvt Ltd

Handwritten signature
10/11/16

Handwritten signature

DR GULATI IMAGING INSTITUTE

DR Gulati imaging institute
Authorized Signatory
(U/o S.M.I.P.L.)

IN: U74120DL2009PTC196381