



QUOTATION

| | |
|------------------------------|-----------------------------------|
| NAME: Mahak | QUOTE NO. PHC/22-2/0005 |
| Address: Geeta Colony, Delhi | Date: 20 th July, 2022 |

| S.No. | Product | Qty. | Rate(Rs.) | Total Amount(Rs.) |
|-------|--|------|--------------|-----------------------|
| 1. | HEARING AID COMPANY: PHONAK MODEL: NAIDA P50 UP (POWER BTE) | 2 | INR 92,500/- | INR 1,85,000/- |
| 2. | SPEECH THERAPY | | | INR 65,000/- |
| | | | | Total= Rs. 2,50,000/- |

Amount in words: Rupees Two Lacs Fifty Thousand only.

Warranty: As per Manufacturer's Company Policy.

Payment terms: 100% Advance
Payment Modes(s): Cash/CC/NEFT/RTGS
Payments in favor of: "Priority Hearing Care Pvt Ltd."



For:
Priority Hearing Care Pvt Ltd
B-275 (GF) Con. Park
New Delhi-110019, India
Phone: 26270000
Mob: (+91)9811008888, 9911444999
Email: man@priorityhearing.com

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We have crossed this Document to prevent from misuse



Priority Hearing India

(India's Most Advanced Hearing Clinics)
Regd. Off: B-275, C.R. Park, New Delhi (India)

Phone: 25 27 00 00, 400 11 666
Mob: 9911004466, 9911004488
CN No: U05191DL2013PTC2000415
GSTIN NO: 07AAHCP4667L1Z1
Email: accounts@priorityhearing.com
Website: www.priorityhearing.com

Mehak Sood Mission Hopp
Patient Id: PHC217064
+919447719627
ANJAPAAA025IN@GMAIL.COM

Male, 17 Years 11 Months
11203, Geeta Colony, Delhi - 110021

By: Dr. Priya Jindal

Date: 20 Jul, 2022

Invoice Number: INV/21-02/001424

Invoices

| # | Treatments & Products | Unit Cost INR | Qty | Discount INR | Total Cost INR |
|----|---|---------------|-----|--------------|----------------|
| 1. | PTA Date: 20 Jul, 2022 | 1,000.00 | 1 | 0.00 | 1,000.00 |
| 2. | Tympanometry Date: 20 Jul, 2022 | 1,500.00 | 1 | 0.00 | 1,500.00 |
| 3. | Hearing Aid Trial Date: 20 Jul, 2022 | 800.00 | 1 | 800.00 | 0.00 |

Total Cost: 3,300.00 INR

Total Discount: 800.00 INR

Grand Total: 2,500.00 INR

Payment Details

| Date | Receipt Number | Mode Of Payment | Amount Paid INR | Amount Received | Balance Amount |
|--------------|------------------|-----------------|-----------------|-----------------|----------------|
| 20 Jul, 2022 | REC/21-02/001688 | Cash | 2,500.00 | 2,500.00 INR | 0.00 INR |

Payment terms: Immediate, Payment Mode: Cash/CC/Debit Card/NEFT/Transfer
Payments in favor of: "Priority Hearing Care Pvt.Ltd."
Accounts Details: A/c No. 0336550000000077, Yes Bank Ltd, M-21A, GK-2, New Delhi-68,
IFSC Code: YES0000000000

Terms & Conditions

- Two (02) follow-ups are complimentary (within one month from the date of hearing aid dispensing). Thereafter consultant/clinician fee / Test charges applicable.
- In case of Hearing aids/Devices/ Implants: yrs.warranty as per respective company (as issued).
- No request of exchange of hearing aids will be entertained after the expiry of (7 days) Seven days from the date of fitting.
- Clinician has explained to the client about its usage, functions, care & maintenance, etc.
- The client has understood that hearing aids are meant to compensate for his/her impairment of hearing loss and not to restore his normal/natural hearing.
- Hearing aids had been dispensed after patient satisfaction & consent only wrt his/its, age, requirement & physical compliances.

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Contact Us
99 11 00 44 66

Priority Hearing Care Pvt. Ltd
Regd. Off: B-275, C.R. Park, New Delhi 11
Ph: 9911004466, 9911004488
Contact: accounts@priorityhearing.com
www.priorityhearing.com

MISSION HOPP
GEETA COLONY, DELHI

Priority Hearing India

(India's Most Advanced Hearing Clinic)
Regd. Of: B-275, C.A.Park, New Delhi (India)



Phone: 26 27 00 00, 450 11 666
Mob: 9911004466, 9911004466
CIN No: UMS1810L2017DC260915
GSTN NO: 07AAHCP4887L2ZJ
Email: accounts@priorityhearing.com
Website: www.priorityhearing.com

As/ as per recommendation under no pressure from clinicians/company.
7. Subject to Delhi jurisdiction only.
NB: Reports collected DateTime: (Same time/ Next Day)

Sign:
Patient's Next to KV/On behalf



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Call Us
99 11 00 44 66

Priority Hearing Care Pvt. Ltd.
Regd. Of: B-275, C.A. Park, New Delhi 110044
Ph: 011 26170000, 45011666
accounts@priorityhearing.com
www.priorityhearing.com

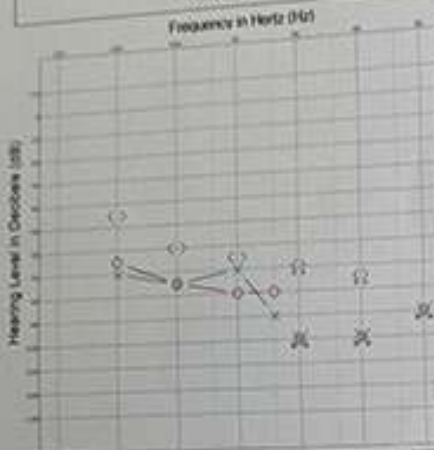


Signature

MISSION HOPP
GEETA COLONY, DELHI

Hearing Evaluation Report

Client Name: Mehak, Ms.
 Client #: 0001918
 Birthdate:
 Date of Evaluation: 20-07-2022



| Legend | | Tympanometry | |
|------------|---|--------------|---|
| R | L | R | L |
| AC Unaided | O | X | |
| AC Masked | Δ | ○ | |
| MC Unaided | C | ~ | |
| MC Masked | [|] | |
| MO | H | H | H |
| MO | H | H | H |
| MO | H | H | H |
| SO Unaided | U | S | X |
| SO Masked | A | A | X |

| Speech Audiometry | | | | Discrimination Level | | | |
|-------------------|------|----|----|----------------------|------|----|----|
| MT | Mask | ME | UG | S | Mask | ME | UG |
| R | | | | R | | | |
| L | | | | L | | | |
| Mask | | | | Mask | | | |
| W-A | | | | W-A | | | |
| W-A2 | | | | W-A2 | | | |

| | | Acoustic Reflex | | | | | | | |
|---------------|-------|-----------------|-----|------|------|------|------|-------|-----|
| | | 250 | 500 | 1000 | 2000 | 4000 | 8000 | 16000 | HEW |
| Epidural | R | | | | | | | | |
| | Decay | | | | | | | | |
| Contralateral | R | | | | | | | | |
| | Decay | | | | | | | | |
| L | | | | | | | | | |
| | Decay | | | | | | | | |

Plan Tone Notes

Matched

Calibration Date

Comments

User Defined 1

User Defined 2

Speech Notes

Matched

Calibration Date

Comments

User Defined 1

User Defined 2

Impedance Notes

Matched

Calibration Date

Comments

User Defined 1

User Defined 2

Report Comments

Bilateral severe sensorial hearing loss
 Tympanogram (as attached)
 Suggestion- Aural Management / Binaural- Super Power BTE
 Review with referring consultant

Signature: *P. Jais* Date: 20/07/2022

J-P
 S-1
 S-2
 S-3
 S-4
 AD
 COB
 AG 8
 Prod
 SAG
 X-12
 USD
 CT 51
HECI
 MRSA
 HV
 ASD
 ORP
 S- W8
 Blood
 STS
OTHEI
 YOS
 ECHO
 ABC
 Blood C

Genetix
 99 11 00 44 66

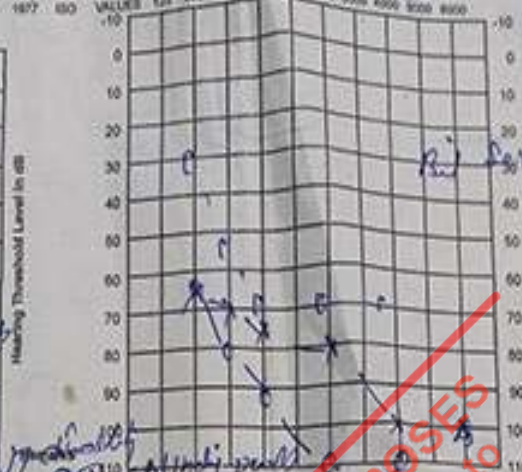
(9911204466)
 Priority Hearing Care Pvt. Ltd.
 Regd. Off: B-273, E-8, Park, New Delhi-19
 Ph: 011-26120000, 66011666
 contact@priorityhearing.com
 www.priorityhearing.com

CIVIL HOSPITAL, AMBALA CITY AUDIOGRAM

Name: Mehak Meeno Sex/Age: 6/12
 Address: Ms. Armit Sood Chhaga Road Yrnagar Date: 17/9/14
 Unit: 3rd A/c - 2nd floor

| TEST | Right Ear (Free) | Left Ear (Free) |
|---------------------------|------------------|-----------------|
| AIR | 0.2 | X.X |
| AIR OPPOSITE EAR MASKED | Δ Δ | □ □ |
| NO RESPONSE | 0 | X |
| DONE | > | < |
| BOISE OPPOSITE EAR MASKED | ▷ | ◁ |

| HEARING EVALUATION | |
|--------------------|-------------|
| AVE. HT. | <u>92dB</u> |
| SRT | <u>17</u> |
| FS% CORRECT | <u>100</u> |



| TEST | Right Ear (Free) |
|---------------------|------------------|
| PHONE | <u>not heard</u> |
| SING | <u>not heard</u> |
| SPECIAL TEST | |
| RECIT | |
| DIS | |
| TTS | |

6. ...
7. An estimate of residual hearing is any ...
- 8b) The basis on which this certificate has been carried at ...
9. Particulars of Physical disability if any. ...
10. The particulars of the defect to enable the Govt. to clearly understand the nature and Extant of disability.

Signature of applicant

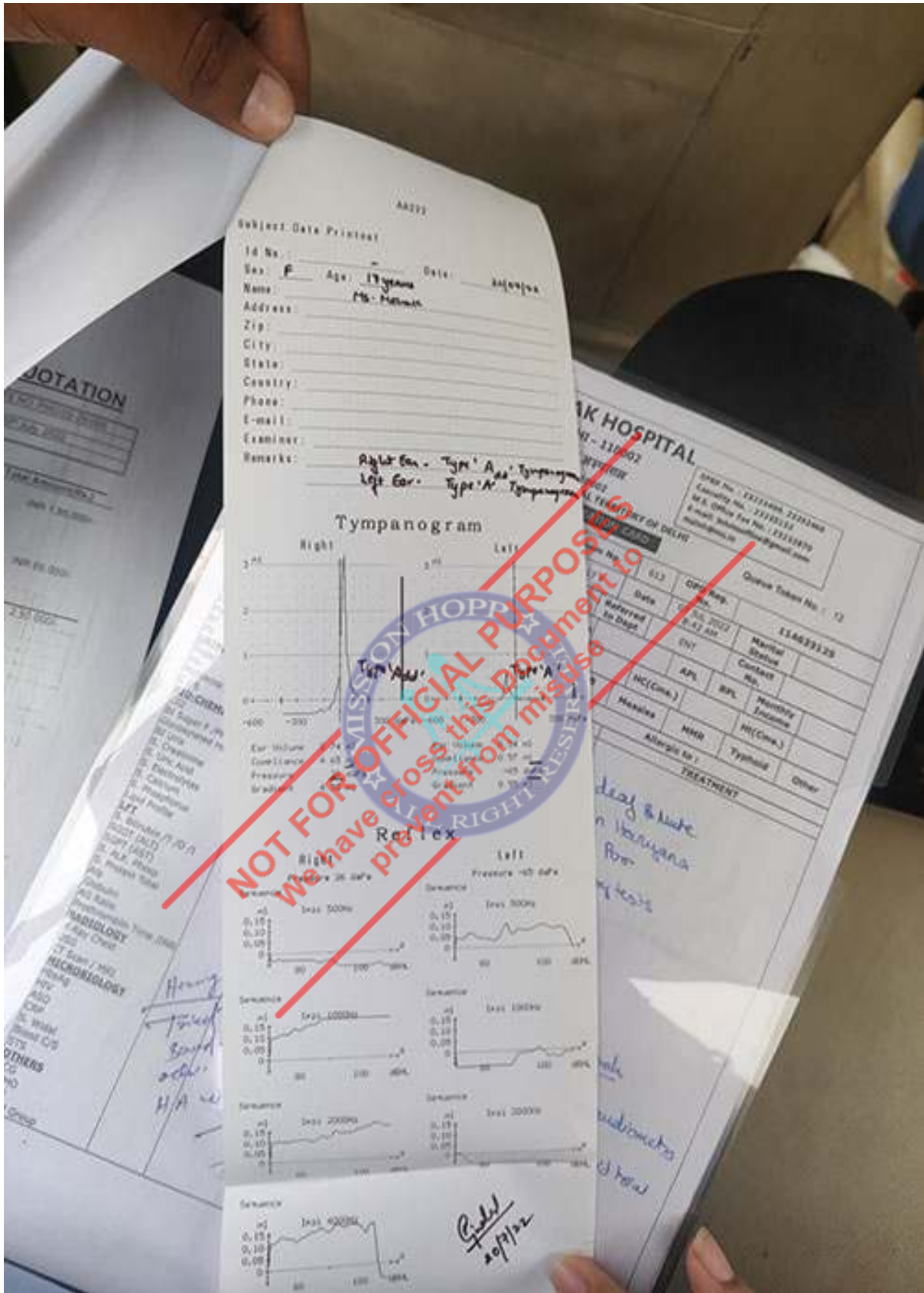
Signature of E.N.T. Specialist
 Designation

[Signature]
 CIVIL SURGEON
 YAMUNA NAGAR
 Civil Surgeon
 Yamuna Nagar

[Signature]
 Medical Superintendent
 M.L. General Hospital
 Yamuna Nagar
 Medical Superintendent
 M.L. General Hospital, Ynr.

[Signature]
 Medical Officer
 M.L. General Hospital, Ynr.

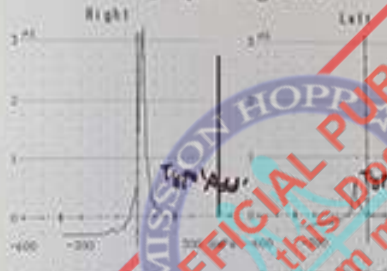
Important Note:-
 The certifying E.N.T. Specialist is requested to give as many particulars as possible in a language which could be understood by Expert as well as layman.



Subject Data Printout

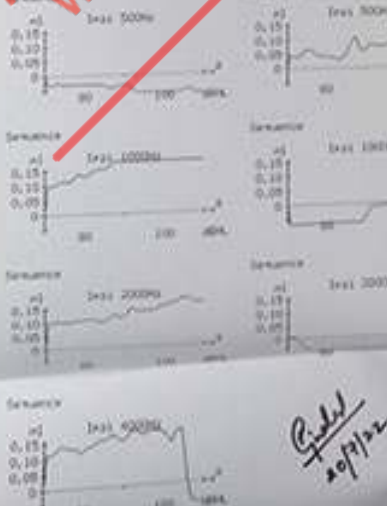
Id No. _____
Sex: F Age: 17 years Date: 24/04/20
Name: Ms. Mittal
Address: _____
Zip: _____
City: _____
State: _____
Country: _____
Phone: _____
E-mail: _____
Examiner: _____
Remarks: Right Ear - Type 'A' Tympanogram
Left Ear - Type 'A' Tympanogram

Tympanogram



Ear Volume: _____
Compliance: 45 cc
Pressure: _____
Grades: _____
Reflex: _____

Reflex




MISSION HOPP HOSPITAL
107-110/02
DELHI
Dist. No. 613
Date: _____
Referred to Dept: ENT
Queue Taken No.: 12
154629128
Patient Status: _____
Contact No.: _____
MC(Cmk.) BPL Monthly Income: _____
MNR HC(Cmk.)
Allergic to: Typhoid Other: _____
TREATMENT


deaf & mute
in language
for
tests
audiometers
12/04/20

Special Olympics
Bharat-Haryana

Certificate of Participation

This is to certify that Michael
 Participated in Athletic Wheelchair District at game
 Division IIIrd in sona club
 Held at W. A.V.1 Uthman-Indraprastha, Y.N.R.
 From 15th NOV. 2014


 Area Director
 Special Olympics Bharat-Haryana


 Chairman/President
 Special Olympics Bharat-Haryana