GOVIND BALLABH PANT INSTITUTE OF
POST GRADUATE MEDICAL EDUCATION & RESEARCH
GOVT. OF N.C.T. OF DELHI
1.JLN MARG, New Delhi

(ESTIMATES FORM FOR ALL SURGERIES AND PROCEEDURES OF G.B. PANT HOSPITAL)

(TO BE FILLED BY THE TREATING CONSULTANT / SURGEON):-
Columns 1,2,3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

1. Name of the patient BABY KAJAL s/o, d/o, w/o SH RAMV Date 27/3/2015
2. Address LONI GZB UP
3. Age: 5 Sex FEMALE Department CARDIOLOGY ~~CTVS~~
4. OPD/CR No. 200874C Treating consultant/ surgeon Dr SUMOOD
5. Diagnosis of the diseases PDA
6. Procedure Proposed: PDA closure DEVICE (COCCON)

(I) Repair of Tetralogy of Fallobe & other Complex Congenital Defects :

(II.) Single Valve Implant : Rs. 50,000/- (Fifty Thousands Only)

(1I1.) Double Valves Implant : Rs. 100,000/- (One Lac Only)

(1V) Others :

Hemy Code no - 588 Rs. 37000/-
+Vat @ 5% Rs. 1850/-
Rs. 38850/-

Note: The patient will be tentatively admitted/ operation date

Thirty Eight thousand Eight hundred fifty only

Signature & Stamp of treating consultant/surgeon

Dr. SUMEET KUMAR
Assistant Professor
Department of Cardiology
G.B. Pant Hospital, N.Delhi-110002

Note: The demand draft / pay order must be issued in the name of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI** ALONGWITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. This certificate is issued only one time.
DECLARATION BY PATIENT

SIGNATURE OF PATIENT/ RELATIVE).....

SIGNATURE OF MEDICAL SUPERINTENDENT
G.B.PANT HOSPITAL

Copy to : 1. Treating surgeon/ consultant.
2. Purchase office (with photocopy of receipt of payment).