

Ref: ESI

ESI

Discharge on 16/6/24 PTCA
MHI/DP/2022/104



Medway Hosp
The way to better he
(A Unit of United Alliance Healthcare)

Mr. NARAYANAN (ESI)
59/Male/MH32111
14/06/2024/PH2024001422
Dr. G. GNANAVELU

BILLING CARD

SAFETY FIRST




Patient Name _____

IP No. _____

Room No. _____

D.O.A. 14/6/24 Time 10:15 AM

Rent Per Day 614

TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
14/6/24	11:10	Admission	General Ward	[Signature]
14/6/24	13:10	General Ward	Cath Lab	[Signature]
14/6/24	14:25	CATH LAB	CCU	[Signature]
15/6/24	10:45	CCU	2nd FLOOR GENERAL WARD	[Signature]

OPERATION THEATRE	
Date : 14/6/24	OT No. : Cath Lab - II
Surgeon : Dr. GNANAVELU	Start Time : 13:15
I Asst. Surgeon :	End Time : 14:10
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N Sathya	Arthroscopy :
Name of Surgery : PTCA	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/6/24	14:30	15/6/24	10:45				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date				
DR. G. GANAYELU	14/6/24		16/6/24								
DR. Sundar		15/6/24									
Ms. Catherine (Dietitian)	14/6/24	15/6/24									
PHARMACY				AMBULANCE							
OT DRUGS REPLACED :				Shk - 82800 + Stent							
BILL CLEARED : 28839 / N.M.				107800							
RETURNS CHECKED :											
CROSS MATCHING :											
RESERVATION PF BLOOD :											
STERILE TRAY USED :											
TRANFUSION (BLOOD)											
ATTENDER'S HOLDING :											
OTHER PROCUDURES :											
Admission Officer : [Signature]				[Signature] Sister In-charge							

AUCTUS LABS PRIVATE LIMITED										State Code : 33			
NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM, KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191 DL NO: 4001/MZII/20B : 4166/MZII/21B CREDIT-BILL										Place Of Supply : TAMILNADU			
										GSTIN : 33AAMCA2113K1ZY			
To : 686 UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT CARDIAC KODAMBAKKAM CHENNAI 600024 PH					Bill Date 15/06/2024		Bill No & Page No AUC/WS293 1/1						
					Terms IS-INTERNAL SALES		Salesman Name 4-PATIENT						
					GSTIN 33AABCU3941Q1ZZ		DL NO : N.A						
S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1NA	ONYX TRUCOR DES TRCR 22512X 2.25X12MM	1	3004909	0011382709	08/25	1	0	5 %	1190.48	23809.52	25000.00	23809.52
ITEMS 1 QTY: 1 BASE: 23809.52 SGST: 595.24 CGST: 595.24 GST: 1190.48 Goods Value: 23809.52													
Category	Gross	CGST	SGST	Amount	P(Disc)		DB						
5 %	23809.52	595.24	595.24	25000.00			CR						
										CD	0.00	0.00	
										Rounded Net Amount		25000.00	
AXIS A/C : 922030011606851 IFSC : UTIB0001165													
Amount In Words : Twenty Five Thousand Rupees Only Chq in Favour of AUCTUS LABS PVT LTD Remarks : P.N-NARAYANAN-IP-2024001422-DR.GNANA VELU Customer Outstanding: 100399240.00													
User Name HARI										AUTHORIZED SIGNATORY			