

Ref Cnts

MM. ^{CGHS} Self?
 MH/DP/2022/104



Ms. KAMAKSHI RAJKUMAR (CGHS)
69/Female/MH/2023/1404
10/10/2024/PH/2024/02404
Dr. K. JAISHANKAR /



BILLING CARD
SAFETY FIRST

CCU - 4.5



D.O.A. 10/10/24 Time 11:57

Patient Name _____
IP No. _____
Room No. CCU

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
10/10/24	11:57	FO	CCU	<i>[Signature]</i>
14/10/24	9:00	CCU	CATH LAB	<i>[Signature]</i>
14/10/24	13:30	cath lab	CCU	<i>[Signature]</i>

OPERATION THEATRE	
Date : <u>14/10/24</u>	OT No. : <u>cath lab I</u>
Surgeon : <u>Dr. Jaishankar</u>	Start Time : <u>9.45</u>
I Asst. Surgeon : _____	End Time : <u>12.45</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : <u>Dr. Syvester / Dr. Poqueen</u>	C-Arm : _____
OT Nurse : <u>RN panchavaram</u>	Arthroscopy : _____
Name of Surgery : <u>PTCA + IVL + IVUS.</u>	Laproscopy : _____
<u>(POBA)</u>	Sevoflurane / Isoflurane : _____
<u>1,05,800</u>	Inj. Fentanyl : <u>2ml 10ml/inj. morphi:</u>
	Others : _____

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/10/24	11:57	14/10/24	3.47pm				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/10/24	11:57	14/10/24	3.47pm	10/10/24	15:20	12/10/24	9:00
				10/10/24	16:30	12/10/24	7:00
				14/10/24	10:15	14/10/24	3.47pm
				14/10/24	10:35	14/10/24	3.47pm
				14/10/24	10:15	14/10/24	3.47pm
				14/10/24	12:15	14/10/24	3.47pm

ALPHA BED				SCD PUMP		VENTILATOR / NIV	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				10/10/24	17:00	11/10/24	3:30
				11/10/24	10:00	12/10/24	2:00
				14/10/24	13:30	14/10/24	3.47pm
				14/10/24	9:30	14/10/24	15:47

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

10/10/24	ECG (13318) x-ray (13318)
11/10/24	ECG, CXR (13357)
12/10/24	ECG, x-ray (13376)
13/10/24	ECG, x-ray (13410)
14/10/24	ECG (13444)

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/10/24	2 (13318)			10/10/24	1 (13357)		
10/10/24	1. (13357)			11/10/24	1 (13357)		
11/10/24	13357) 2.			11/10/24	double count. 1 (13368)		
11/10/24	8 (13369)			12/10/24	2 (13376) 2		
11/10/24	4 (13373)			13/10/24	double 1 (13410)		
12/10/24	12 (13376)			14/10/24	3 (13471) unknown		
12/10/24	1 (13410)			14/10/24	1 (13471) double		
12/10/24	1 (13429)						
14/10/24	1 (13444)						

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

[illegible]

[illegible]

AUCTUS LABS PRIVATE LIMITEDNO.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**State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA21I3K1ZYTo : 686
UNITED ALLIANCE HEALTHCARE (P)
LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :Bill Date
14/10/2024
Bill No & Page No
AUC/WS690 1/1
Terms
WHOLE 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		OPTICROSS CATHETER 3.0FX135	1	90183220	34008307	01/25	1	0	12 %	6428.57	53571.42	60000.00	53571.42
2		RYUREI BALLOON RX 1.5MM X10MM	1	90183990	240311	02/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00
3	I NA	6F SHOCKWAVE C2-2.5X12MM	1	30049099	05B230803A	08/25	1	0	12 %	33984.00	283200.0	317184.0	283200.00

ITEMS : 3 QTY : 3 BASE :346211.42 SGST : 20772.69 CGST :20772.69 GST : 41545.37 Goods Value: 346211.42

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	CR	CD	0.00	0.00
12 %	346211.42	20772.69	20772.69	387756.79						
Rounded Net Amount									387757.00	

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Three Lakhs Eighty Seven Thousand Seven Hundred Fifty Seven Rupees Only**Chq in Favour of** AUCTUS LABS PVT LTD**For** AUCTUS LABS PRIVATE LIMITED**Remarks :** P.N-KAMAKSHI RAJKUMAR-IP-2024002404-DR.JAISHANKAR**Customer Outstanding:** 129071634.00**User Name**
HARI**AUTHORIZED SIGNATORY**

इंजीनियर्स
इंडिया लिमिटेड
(भारत सरकार का उद्योग)

ENGINEERS
INDIA LIMITED
(A Govt. of India Undertaking)

Name: MRS. R. KAMASHI

E. No: 6524

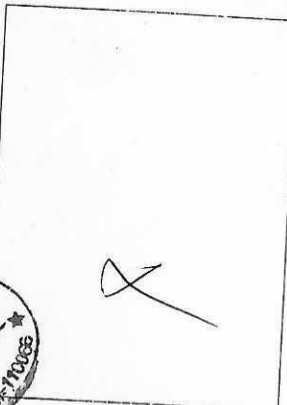
Employee's Sign: *R. Kamashi*

Issuing Authority:



PHOTOGRAPHS

no. 1208

(Retired Employee) *R. Kamashi*

(Spouse)

no. 1208

IMPORTANT DATA
(To be completed by retired employee)

1. Present address *202/22
Gate T-54, Rd. T. N. S.
Chennai - 17*

2. Permanent Address

3. Blood group *B+ Pos. Rh.*

4. History of any serious ailment

5. Drug allergy, if any

6. Whether eye donor Yes/No

7. Any other details