

Ref: Dr. Chitrambalam Self Discharge on 13/05/2024. CABG

MHI/DP/2022/104



BILLING CARD



Patient Name _____
IP No. _____
Room No. _____

Mr. GOKULAN.K
56/Male/MHI202482090
07/05/2024/IPH2024001104
Dr. ANBARASU MOHANRAJ

CCU-2
ward-4

D.O.A. _____ Time _____

101

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
7/5/24	11:00	Admission	1st floor 101	Don
7/5/24	11:50	1st floor 101	CATH LAB	Don
7/5/24	12:35	CATH LAB	1st floor 101	Don
8/5/24	8:00	1st floor (101)	CTOT	Don
8/5/24	12:00	CTOT	SICU	Don
9/5/24	12:15	SICU	SDICU	Don
10/5/24	9:40	SDICU	OPERATION THEATRE 114	Don

Date	: 07/5/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. 07	Start Time	: 12:05
I Asst. Surgeon	:	End Time	: 12:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: CABG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/5/24	12:05	10/5/24	9:40				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/5/24	12:05	9/5/24	6:00	8/5/24	12:05	9/5/24	4:00
				8/5/24	12:05	9/5/24	06:00

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				8/5/24	12:05	8/5/24	16:30

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

[illegible]

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
7/5/24	1+1 (6067)	7/5/24	1+1 (6067)	8/5/24	1 (5815)	8/5/24	1 (5821)
8/5/24	1+ (6067)			8/5/24	5207 (5824)	8/5/24	4 (107) (5824)
8/5/24	10011			8/5/24	0 (5846)		
9/5/24	1 (5812)			8/5/24	2 (5872)		
9/5/24	2 (5884)			9/5/24	1		
10/5/24	1 (5906)			9/5/24	2 (5862)		
10/5/24	1+1 (6067)			9/5/24	1 (5872)		
11/5/24	1+1+1 (6067)						
12/5/24	1+1+1+1						

8/5/24	16:30	21:00
9/5/24	6:00	19:00 16:00 21:00
10/5/24	6:00	19:30 17:00
11/5/24	11:00	17:00
12/5/24	10:00	
13/5/24	9:00	

DATE		NUMBERS		DATE		NUMBERS	
8/5/24	1 + 1						
9/5/24	1 + 1 + 1						
10/5/24	1 + 1 + 1 + 1						
11/5/24	1 + 1 + 1 + 1						
12/5/24	1 + 1 + 1 + 1						

AUCTUS LABS PRIVATE LIMITED

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

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P)
LTD - CARDIAC
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date
09/05/2024

Bill No & Page No
AUC/WS144 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	1 NA	ON-X AORTIC HEART VALVE CONFORM 21MM	1	30041010	A0164015	03/30	1	0	5 %	4130.00	82600.00	86730.00	82600.00

ITEMS : 1 QTY : 1 BASE : 82600.00 SGST : 2065.00 CGST : 2065.00 GST : 4130.00 Goods Value: 82600.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	CR	CD	0.00	0.00
5 %	82600.00	2065.00	2065.00	86730.00						
Rounded Net Amount										86730.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Eighty Six Thousand Seven Hundred Thirty Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-GOKULAN-IP-2024001104-DR.ANBARASU MOHANRAJ
Customer Outstanding: 91945131.00

For AUCTUS LABS PRIVATE LIMITED

User Name

AUTHORIZED SIGNATORY