

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/WS145 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
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1	1 NA	ONYX TRUCOR DES TRCR 30015X3.0X15MM		30049099	0011842978	06/26	1	0	5 %	1190.48	23809.52	25000.00	23809.52
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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	CR	CD	0.00	0.00
5 %	23809.52	595.24	595.24	25000.00						
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-MOSES-IP-2024001114-DR.GNANA VELU
Customer Outstanding: 91970131.00

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY



User Name

Ref/ESI

105

ESI

Discharged on 10/5/24

PTCA

MHI/DP/2022/104



Mr. MOSES.J (ESI)
 65/ Male/ MHI202483562
 08/05/2024/ IPH2024001114
 Dr.G. GNANAVELU

BILLING CARD

82800 + Implant



Patient Name _____
 IP No. _____
 Room No. _____

D.O.A. 8/5/24 Time 9:15AM

1,07,800/-

SFER DETAILS

Rent Per Day GW

Date	Time	From	To	Nurse's Signature
8/5/24	9:00	Admission	C.W (H)	08/01/1
8/5/24	14:40	GW (H)	CATH LAB	Regan
8/5/24	16:55	CATH LAB	CUU.	08/02/02
9/5/24	11:45 AM	CUU	IPAT Floor (GW)	08/24

OPERATION THEATRE

Date : 8/5/2024	OT No. : CATH Lab-D
Surgeon : DR. Gnanavelu	Start Time : 15:35
I Asst. Surgeon :	End Time : 16:40
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N panchavaram	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
08/05/24	16:55	9/5/24	11:45 AM				

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 :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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9/5/24

used creatine [5871]

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

8 5 24	ECM - 1 (588)
9 5 24	ECM - 1 (587)

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

8/11/24

$\textcircled{1} + \textcircled{1}$
(5855)

9/5/24

1. [587]

9/5/21

171 591

10/5/24

171 59

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Gnanavelu.	8/5/24	9/5/24	10/5/24				
Ms. Jevathal (Psychologist)	8/5/24						
Mrs. Catherine (Attendant)	8/5/24	10/5/24					
A PHARMACY	AMBULANCE						
OT DRUGS REPLACED :							
BILL CLEARED :							
RETURNS CHECKED :	13680 /- P. R. L 10/5/24						
CROSS MATCHING :							
RESERVATION PF BLOOD :							
STERILE TRAY USED :							
TRANFUSION (BLOOD)							
ATTENDER'S HOLDING :							
OTHER PROCEDURE :							