

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
10/05/2024
Bill No & Page No
AUC/WS147 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		STJM - EN0020-P ENSITE PRECISION NAVX PATCH	1	90189099	9235229	02/25	1	0	12 %	12857.14	107142.8	120000.0	107142.85

ITEMS : 1 QTY : 1 BASE :107142.85 SGST : 6428.57 CGST : 6428.57 GST : 12857.14 Goods Value: 107142.85

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
12 %	107142.85	6428.57	6428.57	119999.99		CR		
						CD	0.00	0.00
					Rounded Net Amount			120000.00
AXIS A/C : 922030011606851 IFSC : UTIB0001165								

Amount In Words : One Lakhs Twenty Thousand Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-BASKARAN-IP-2024001127-DR.JAISHANKAR

Customer Outstanding: 92168786.00

For AUCTUS LABS PRIVATE LIMITED

User Name

AUTHORIZED SIGNATORY

Ref: ESI

ESI

EPHRA

Discharge on 10/5/24 MHI/DP/2022/104



MR. BASKARAN K
56/Male/MHI202483702
08/05/2024/IPH2024001127
Dr. K. JAISHANKAR

BILLING CARD

601-2975
566-29700
570-162900
G/w



Patient Name _____
IP No. _____
Room No. _____

D.O.A. 08/05/24 Time 08:28 PM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
8/5/24	20:50	FO	CW-2	SD/211
9/5/24	8:20	1st floor CW-2	Cath Lab	Jayaram
9/5/24	11:15	Cath Lab	CW-2	SD/176

OPERATION THEATRE

Date	: 9/5/24	OT No.	: Cath Lab-1
Surgeon	: Dr. Jaishankar	Start Time	: 9.00
I Asst. Surgeon	:	End Time	: 10.35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Pnl. Sandhiya	Arthroscopy	:
Name of Surgery	: CABG + EPS + RFA 3D	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

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

10/05/20 ✓ CE₁ - (P) (5936)

G (2)

ABG	ACT
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ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

$$8 \mid 5 \mid 24$$

17 ~~10~~ (100%)

9/5/24

$$1 + \cancel{1} (5929)$$

10/5/2021

~~1~~ 2

Date

PHYSIOTHERAPY	
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NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

