

Ref: ESI

SAFETY FIRST



29/5/24

EP

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. LALLY M

55/Female/MHI202483877

27/05/2024/IPH2024001270

IP No.

Dr. K. JAISHANKAR

Room No.

D.O.A. 27/5/24 Time 5:40 PM

TRANSFER DETAILS

Rent Per Day

GK

Date	Time	From	To	Nurse's Signature
27/5/24	18:50	ADMISSION	2nd Floor GW-1	F. Cat 0207
28/5/24	8:20	2nd Floor GW-1	Cath Lab	Bou
28/5/24	11:50	Cath Lab	Cath Lab	20176
28/5/24	16:00	CUU	2nd Floor GW-1	20176

OPERATION THEATRE

Date	: 28/5/24	OT No.	: Cath Lab 5
Surgeon	: Dr. Jaishankar	Start Time	: 9:20
I Asst. Surgeon	:	End Time	: 10:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/A. Pan Chavarnam	Arthroscopy	:
Name of Surgery	: CAU+ EP+ RFA 3D	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/05/24	11:55	28/5/24	15:50				

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]

28/5/24

ECG 1 (6766)

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

27/5/24

1. (6750)

28/5/24

1. (6750)

28/5/24

~~106966~~

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date
DR. JAISHANKAR	28/5/24	29/5/24				
MS. Catherine (patient)	28/5/24	29/5/24				
PHARMACY			AMBULANCE			
OT DRUGS REPLACED :						
BILL CLEARED : 12607.00						
RETURNS CHECKED :						
CROSS MATCHING :						
RESERVATION PF BLOOD :						
STERILE TRAY USED :						
TRANFUSION (BLOOD)						
ATTENDER'S HOLDING :						
OTHER PROCDURES :						

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

GSTIN : 33AAMCA2113K1ZY

Bill Date 29/05/2024	Bill No & Page No AUC/WS217 1/1
Terms WHOLE SALES	Salesman Name 4-PATIENT
GSTIN 33AABCU3941Q1ZZ	DL NO : N/A

ITEMS : 1	QTY : 1	BASE :107142.85	SGST : 6428.57	CGST : 6428.57	GST : 12857.14	Goods Value: 107142.85
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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-LALLY-IP-2024001270-DR.JAISHANKAR

Customer Outstanding: 95651679.00

For AUCTUS LABS PRIVATE LIMITED

User Name

