

Ref: DR. Mohan Kumar.  
Mr. Pillai

Self Discharge on 20/6/24  
Medical Manager

| Medway Hospitals®<br>The way to better health<br>(A Unit of United Alliance Healthcare Pvt Ltd) |       | BILLING CARD         |            | NABH                                      |       | Medway Heart Institute<br>Where heart does not ever stop... |            |
|-------------------------------------------------------------------------------------------------|-------|----------------------|------------|-------------------------------------------|-------|-------------------------------------------------------------|------------|
| Patient Name <u>Mr. RAJESH P</u>                                                                |       | 39/Male/MHI202484360 |            | D.O.A. <u>16/6/24</u> Time <u>9:24 PM</u> |       |                                                             |            |
| IP No. <u>16/06/2024/1PH2024001431</u>                                                          |       | Dr. G. GNANAVELU     |            |                                           |       |                                                             |            |
| Room No. <u>CCU</u>                                                                             |       | Ward - <u>2</u>      |            | Rent Per Day                              |       |                                                             |            |
| TRANSFER DETAILS                                                                                |       |                      |            |                                           |       |                                                             |            |
| Date                                                                                            | Time  | From                 | To         | Nurse's Signature                         |       |                                                             |            |
| 16/06/24                                                                                        | 21:24 | ADMISSION            | CCU        | [Signature]                               |       |                                                             |            |
| 17/6/24                                                                                         | 14:30 | CCU                  | CATH LAB   | [Signature]                               |       |                                                             |            |
| 17/6/24                                                                                         | 15:45 | CATH LAB             | CCU        | [Signature]                               |       |                                                             |            |
| 17/6/24                                                                                         | 18:20 | CCU                  | 205        | [Signature]                               |       |                                                             |            |
| 18/6/24                                                                                         | 14:40 | 2nd floor            | CATH LAB   | [Signature]                               |       |                                                             |            |
| 18/6/24                                                                                         | 16:25 | CATH LAB             | CCU        | [Signature]                               |       |                                                             |            |
| OPERATION THEATRE                                                                               |       |                      |            |                                           |       |                                                             |            |
| Date : <u>17/6/24</u>                                                                           |       |                      |            | OT No. : <u>CATH LAB II</u>               |       |                                                             |            |
| Surgeon : <u>Dr. Gnanavelu</u>                                                                  |       |                      |            | Start Time : <u>14:50</u>                 |       |                                                             |            |
| I Asst. Surgeon :                                                                               |       |                      |            | End Time : <u>18:30</u>                   |       |                                                             |            |
| II Asst. Surgeon :                                                                              |       |                      |            | Dis. Pack :                               |       |                                                             |            |
| III Asst. Surgeon :                                                                             |       |                      |            | Diathermy :                               |       |                                                             |            |
| Anaesthetist :                                                                                  |       |                      |            | C-Arm :                                   |       |                                                             |            |
| OT Nurse : <u>Rtn. Sandhya</u>                                                                  |       |                      |            | Arthroscopy :                             |       |                                                             |            |
| Name of Surgery : <u>CATH</u>                                                                   |       |                      |            | Laproscopy :                              |       |                                                             |            |
|                                                                                                 |       |                      |            | Sevoflurane / Isoflurane :                |       |                                                             |            |
|                                                                                                 |       |                      |            | Inj. Fentanyl : 2ml 10ml/inj. morphine:   |       |                                                             |            |
|                                                                                                 |       |                      |            | Others :                                  |       |                                                             |            |
| MONITOR                                                                                         |       |                      |            | INFUSION PUMP                             |       |                                                             |            |
| Date                                                                                            | Start | Date                 | Disconnect | Date                                      | Start | Date                                                        | Disconnect |
| 16/06/24                                                                                        | 21:24 | 17/6/24              | 18:20      |                                           |       |                                                             |            |
| 16/6/24                                                                                         | 21:24 | 16/6/24              | 22:30      |                                           |       |                                                             |            |
| 18/6/24                                                                                         | 16:30 | 19/6/24              | 10:45      |                                           |       |                                                             |            |
| 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              | : 18/6/24          | OT. No.                  | : cath lab III |
| Surgeon           | : Dr. Girihavelu   | Start Time               | : 14.50        |
| I Asst. Surgeon   | :                  | End Time                 | : 15.45        |
| II Asst. Surgeon  | :                  | Dis. Pack                | :              |
| III Asst. Surgeon | :                  | Diathermy                | :              |
| Anaesthetist      | :                  | C-Arm                    | :              |
| OT Nurse          | : R/n panchaburnam | Arthroscopy              | :              |
| Name of Surgery   | : PTCA             | Laproscopy               | :              |
|                   |                    | Sevoflurane / Isoflurane | :              |
|                   |                    | Inj. Fentanyl            | :              |
|                   |                    | Others                   | :              |

[illegible]



[illegible]

SAFETY FIRST

Self

Medical management

MHI/DP/2022/104

**Medway**  
The we  
(A Unit of U)

**Mr. RAJESH P**  
39/Male/MHI202484360  
16/06/2024/1P112024001431  
Dr. G. GNANAVELU

IP No. 

Room .

## BILLING CARD



D.O.A. 16/6/24 Time 9.24 pm

## TRANSFER DETAILS

Rent Per Day

| Date    | Time  | From | To           | Nurse's Signature |
|---------|-------|------|--------------|-------------------|
| 16/6/24 | 10.45 | CUU  | R. NO! - 205 | Shunyan           |
|         |       |      |              |                   |
|         |       |      |              |                   |
|         |       |      |              |                   |
|         |       |      |              |                   |
|         |       |      |              |                   |
|         |       |      |              |                   |

## 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 : 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## 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]

[illegible]

[illegible]

**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

State Code

33

Place Of Supply

TAMIL NADU

GSTIN

33AAMCA2113K1/Y

**CREDIT-BILL**

To : 686

Bill Date

Bill No &amp; Page No

UNITED ALLIANCE HEALTHCARE (P)  
LTD - CARDIAC PATIENT

19/06/2024

AUC/WS305 1/1

CARDIAC  
KODAMBAKKAM

Terms

Salesman Name

WHOLE SALES

4-PATIENT

CHENNAI 600024

GSTIN

DL NO : N.A

PIN

33AABCU3941Q1ZZ

| S.No | MFR  | Description                              | PCK | HSN      | Batch No.  | Exp   | Qty | Fr | GST% | GST     | Rate     | MRP      | Amount   |
|------|------|------------------------------------------|-----|----------|------------|-------|-----|----|------|---------|----------|----------|----------|
| 1    | 1 NA | MOZEC NC 3X13                            | 1   | 90189099 | MNCW35     | 06/26 | 1   | 0  | 12 % | 1074.64 | 8955.35  | 10029.99 | 8955.35  |
| 2    | 1 NA | MOZEC 2 X 12                             | 1   | 90189099 | MOAA96M    | 08/26 | 1   | 0  | 12 % | 1074.64 | 8955.35  | 10030.00 | 8955.35  |
| 3    | 1 NA | ONYX TRUCOR DES TRCR 27530X<br>2.75X30MM | 1   | 30049099 | 0012112235 | 01/27 | 1   | 0  | 5 %  | 1190.48 | 23809.52 | 25000.00 | 23809.52 |

ITEMS : 3 QTY : 3 BASE : 41720.22 SGST : 1669.88 CGST : 1669.88 GST : 3339.76 Goods Value: 41720.22

| Category           | Gross    | CGST    | SGST    | Amount   | P(Disc) | DB           |
|--------------------|----------|---------|---------|----------|---------|--------------|
| 5 %                | 23809.52 | 595.24  | 595.24  | 25000.00 |         | CR           |
| 12 %               | 17910.70 | 1074.64 | 1074.64 | 20059.98 |         | CD 0.00 0.00 |
| Rounded Net Amount |          |         |         |          |         | 45060.00     |

AXIS A/C : 922030011606851 IFSC : UTIB0001165

**Amount In Words :** Forty Five Thousand Sixty Rupees Only**Chq in Favour of** AUCTUS LABS PVT LTD**Remarks :** PN-RAJESH-IP-2024001431-DR.GNANAVELU**Customer Outstanding:** 102069587.00

User Name

HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

