

Ref:

DR. Manimaran

PTCA

DR. Mayilvahanan.

Self Discharge 17/8/24

MHI/DP/2022/104



# BILLING CARD



Patient Name Mr. PANDURANGAN.S  
 62/Male/MH1202485245  
 IP No. 15/08/2024/PH2024001384  
 Room No. Dr. K. JAISHANKAR

D.O.A. 15/8/24 Time 8.56 PM

## RANSFER DETAILS

Rent Per Day 102

| Date    | Time  | From        | To       | Nurse's Signature |
|---------|-------|-------------|----------|-------------------|
| 15/8/24 | 21:00 | FO          | 102      | S. Jeyaraj        |
| 16/8/24 | 8:30  | T & R Floor | cath lab |                   |
| 16/8/24 | 10:55 | Cath lab    | CCU      | P. Jeyaraj        |
| 17/8/24 | 10:00 | CCU         | 102      | 17/8/24           |

## OPERATION THEATRE

|                   |                   |                                       |               |
|-------------------|-------------------|---------------------------------------|---------------|
| Date              | : 16/8/24         | OT No.                                | : cath lab II |
| Surgeon           | : Dr. Jaishankar  | Start Time                            | : 9.00        |
| I Asst. Surgeon   | :                 | End Time                              | : 10.15       |
| II Asst. Surgeon  | :                 | Dis. Pack                             | :             |
| III Asst. Surgeon | :                 | Diathermy                             | :             |
| Anaesthetist      | :                 | C-Arm                                 | :             |
| OT Nurse          | : P/N Banatharani | Arthroscopy                           | :             |
| Name of Surgery   | : PTCA + TVUS     | Laproscopy                            | :             |
|                   |                   | Sevoflurane / Isoflurane              | :             |
|                   |                   | Inj. Fentanyl : 2ml 10ml/inj. morphi: | :             |
|                   |                   | Others                                | :             |

## MONITOR

## INFUSION PUMP

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 16/8/24 | 10:55 | 17/8/24 | 10:00      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## 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]



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6

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[illegible]

[illegible]

| PHARMACY                | AMBULANCE      |
|-------------------------|----------------|
| OT DRUGS REPLACED :     |                |
| BILL CLEARED : 24214.00 | T-3,97,000 5K↑ |
| RETURNS CHECKED :       |                |

### CROSS MATCHING :

**STERILE TRAY USED :**

**ATTENDER'S HOLDING:**

**Admission Officer :**

Sister In-charge

# 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 : TAMILNADU  
GSTIN : 33AAMCA2113K1ZY

## CREDIT-BILL

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

Bill Date  
17/08/2024  
Bill No & Page No  
AUC/WS508 1/1  
Terms  
IS-INTERNAL 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 | OPTICROSS BAGLESS          | 1   | 3004909 | 33001457   | 12/25 | 1   | 0  | 12 % | 5380.80 | 44840.00 | 50220.80 | 44840.00 |
| 2    | 1 NA | MDUS PLUS STERILE BAG      | 1   | 3004909 | 4453LA0700 | 12/26 | 1   | 0  | 12 % | 283.20  | 2360.00  | 2643.20  | 2360.00  |
| 3    | 1 NA | XIENCE SIERRA DES 3.0X28   | 1   | 3004909 | 3121441    | 12/26 | 1   | 0  | 5 %  | 1913.25 | 38265.06 | 40178.00 | 38265.06 |
| 4    | 1 NA | XIENCE ALPINE DES 2.5 X 23 | 1   | 9021909 | 4010841    | 01/27 | 1   | 0  | 5 %  | 1913.25 | 38265.06 | 40178.32 | 38265.06 |
| 5    | 1 NA | ACROSS HP 2.0X10MM         | 1   | 9018329 | 24A138     | 01/25 | 1   | 0  | 12 % | 1239.00 | 10325.00 | 11564.00 | 10325.00 |

ITEMS: 5 QTY: 5 BASE: 134055.12 SGST: 5364.75 CGST: 5364.75 GST: 10729.51 Goods Value: 134055.12

| Category           | Gross    | CGST    | SGST    | Amount   | P(Disc) | DB | CR | CD | 0.00 | 0.00      |
|--------------------|----------|---------|---------|----------|---------|----|----|----|------|-----------|
| 5 %                | 76530.12 | 1913.25 | 1913.25 | 80356.63 |         |    |    |    |      |           |
| 12 %               | 57525.00 | 3451.50 | 3451.50 | 64428.00 |         |    |    |    |      |           |
| Rounded Net Amount |          |         |         |          |         |    |    |    |      | 144785.00 |

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : One Lakhs Forty Four Thousand Seven Hundred Eighty Five Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-PANDURANGAN-IP-2024001884-DR.JAISHANKAR

For AUCTUS LABS PRIVATE LIMITED

User Name  
RRAJESH 11:37:33 A

AUTHORIZED SIGNATORY