

REF: Family

Sey Day

PCA

Discharge on 4/9/24

MHI/DP/2022/104

**Medway Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare)

**Mr. SYED AKBAR HUSSAINY**  
68/Male/MHI202485342  
03/09/2024:IP12024002038  
Dr. K. JAISHANKAR

**BILLING CARD**  
**SAFETY FIRST**

**Medway Heart Institute**  
Where heart beat never stops...

Patient Name \_\_\_\_\_  
IP No. \_\_\_\_\_  
Room No. \_\_\_\_\_

D.O.A. 03/09/24 Time 09:44 AM

**TRANSFER DETAILS** Rent Per Day 9/w

| Date   | Time  | From     | To       | Nurse's Signature |
|--------|-------|----------|----------|-------------------|
| 3/9/24 | 10.00 | FO       | 204-B    | S. Jaisankar      |
| 3/9/24 | 11.10 | 204-B    | CATH LAB | S. Jaisankar      |
| 3/9/24 | 13.40 | CATH LAB | CW       | S. Jaisankar      |
| 4/9/24 | 10.15 | CCU      | 104-A    | Cowli             |
|        |       |          |          |                   |
|        |       |          |          |                   |

| OPERATION THEATRE |                  |                                         |                |
|-------------------|------------------|-----------------------------------------|----------------|
| Date              | : 3/9/24         | OT No.                                  | : Cath Lab - I |
| Surgeon           | : DR. JAISHANKAR | Start Time                              | : 11.40        |
| I Asst. Surgeon   | :                | End Time                                | : 13.15        |
| II Asst. Surgeon  | :                | Dis. Pack                               | :              |
| III Asst. Surgeon | :                | Diathermy                               | :              |
| Anaesthetist      | :                | C-Arm                                   | :              |
| OT Nurse          | : R/N. Sandhu    | Arthroscopy                             | :              |
| Name of Surgery   | : GRAFT PITCH    | Laproscopy                              | :              |
|                   |                  | Sevoflurane / Isoflurane                | :              |
|                   |                  | Inj. Fentanyl : 2ml 10ml/inj. morphine: | :              |
|                   |                  | Others                                  | :              |

| MONITOR |       |        |            | INFUSION PUMP |       |      |            |
|---------|-------|--------|------------|---------------|-------|------|------------|
| Date    | Start | Date   | Disconnect | Date          | Start | Date | Disconnect |
| 3/9/24  | 13.40 | 4/9/24 | 10:10      |               |       |      |            |
|         |       |        |            |               |       |      |            |
|         |       |        |            |               |       |      |            |
|         |       |        |            |               |       |      |            |

| OXYGEN |       |      |            | SYRINGE PUMP |       |      |            |
|--------|-------|------|------------|--------------|-------|------|------------|
| Date   | Start | Date | Disconnect | Date         | Start | Date | Disconnect |
|        |       |      |            |              |       |      |            |
|        |       |      |            |              |       |      |            |
|        |       |      |            |              |       |      |            |
|        |       |      |            |              |       |      |            |
|        |       |      |            |              |       |      |            |

| ALPHA BED |       |      |            | SCD PUMP |       | VENTILATOR |            |
|-----------|-------|------|------------|----------|-------|------------|------------|
| Date      | Start | Date | Disconnect | Date     | Start | Date       | Disconnect |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |

15000 + 25000 + 10000 + 10000 + 10000

## 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

3G

|        |             |
|--------|-------------|
| 3/9/24 | 1 + (12/18) |
| 3/9/24 | 2 (12/16)   |
| 4/9/24 | 1 (12/20)   |
| 4/9/24 | 1 (12/18)   |

|             |                      |
|-------------|----------------------|
| <b>Date</b> | <b>PHYSIOTHERAPY</b> |
|-------------|----------------------|

| NEBULIZER | OTHERS |
|-----------|--------|
|-----------|--------|

[illegible]



[illegible]

|                                                                                                                                                                   |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------|--------|----------|--------------------------|-------|------------------------------------|----|------|-----------------------------|----------|----------|----------|
| <b>AUCTUS LABS PRIVATE LIMITED</b>                                                                                                                                |          |                               |        |          |                          |       |                                    |    |      | State Code : 33             |          |          |          |
| NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,<br>KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191<br>DL NO: 4001/MZII/20B : 4166/MZII/21B |          |                               |        |          |                          |       |                                    |    |      | Place Of Supply : TAMILNADU |          |          |          |
| CREDIT-BILL                                                                                                                                                       |          |                               |        |          |                          |       |                                    |    |      | GSTIN : 33AAMCA2113K1ZY     |          |          |          |
| To : 686<br>UNITED ALLIANCE HEALTHCARE (P)<br>TD - CARDIAC PATIENT<br>CARDIAC<br>KODAMBAKKAM<br>CHENNAI 600024<br>PH :                                            |          |                               |        |          | Bill Date<br>04/09/2024  |       | Bill No & Page No<br>AUC/WS559 1/1 |    |      |                             |          |          |          |
|                                                                                                                                                                   |          |                               |        |          | Terms<br>WHOLE SALES     |       | Salesman Name<br>4-PATIENT         |    |      |                             |          |          |          |
|                                                                                                                                                                   |          |                               |        |          | GSTIN<br>33AABCU3941Q1ZZ |       | DL NO : N.A                        |    |      |                             |          |          |          |
| No                                                                                                                                                                | MFR      | Description                   | PCK    | HSN      | Batch No.                | Exp   | Qty                                | Fr | GST% | GST                         | Rate     | MRP      | Amount   |
| 1                                                                                                                                                                 | NA       | ORSIRO MISSION 3X18           | 1      | 30049099 | 03240505                 | 05/26 | 1                                  | 0  | 5 %  | 1913.25                     | 38265.00 | 40178.26 | 38265.00 |
| 1                                                                                                                                                                 | NA       | ACCUFORCE BALLOON RX2.00X12MM | 1      | 30049099 | 240410                   | 03/27 | 1                                  | 0  | 12 % | 1132.80                     | 9440.00  | 10572.80 | 9440.00  |
| ITEMS : 2 QTY : 2 BASE : 47705.00 SGST : 1523.03 CGST : 1523.03 GST : 3046.05 Goods Value: 47705.00                                                               |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| Category                                                                                                                                                          | Gross    | CGST                          | SGST   | Amount   | P(Disc)                  |       | DB                                 |    |      |                             |          |          |          |
| 5 %                                                                                                                                                               | 38265.00 | 956.63                        | 956.63 | 40178.25 |                          |       | CR                                 |    |      |                             |          |          |          |
| 12 %                                                                                                                                                              | 9440.00  | 566.40                        | 566.40 | 10572.80 |                          |       | CD 0.00                            |    | 0.00 |                             |          |          |          |
| Rounded Net Amount                                                                                                                                                |          |                               |        |          |                          |       |                                    |    |      |                             |          | 50751.00 |          |
| AXIS A/C : 922030011606851 IFSC : UTIB0001165                                                                                                                     |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| Amount In Words : Fifty Thousand Seven Hundred Fifty One Rupees Only                                                                                              |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| Chq in Favour of AUCTUS LABS PVT LTD                                                                                                                              |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| Remarks : P.N-SYED AKBAR HUSSAIN-IP-2024002038-DR.JAISHANKAR                                                                                                      |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| Customer Outstanding: 119589626.00                                                                                                                                |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| User Name<br>HARI                                                                                                                                                 |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |
| For AUCTUS LABS PRIVATE LIMITED<br><br>AUTHORIZED SIGNATORY                  |          |                               |        |          |                          |       |                                    |    |      |                             |          |          |          |