ASK MEDICAL & DIAGNOSTICS
1786423

GENERAL TREATMENT INVOICE

Date: 15/2/2024

To: PATIENT NAME: HISLAIRE BALINDA
HOSPITAL NO: ASK-MDC/00524

S/N	DATE	Qty	Description	Unit	Total (₦)Price
1	17/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
2	18/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
3	21/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
4	24/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
5	27/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
6	28/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
7	31/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
8	2-3-4-5-7910-11-14-15-16 FEB,2024	11	NURSING CARE HOME SERVICE	30,000	330,000
9	26/1/2024	1	WEEKS	90,000	90,000
10	27/1/2024	1	NEUROLOGY HOME CONSULTATION	150,000	150,000
11	27/1/2024	1	CARDIOLOGY CONSULTATION	50,000	50,000
12	27/1/2024	1	NEPHROLOGY CONSULTATION	50,000	50,000
13	27/1/2024	1	ECHOCARDIOGRAPHY	46,000	46,000
14	27/1/2024	1	ECG	50,000	50,000
15	27/1/2024	2	TORSEMIDE 20MG/BISOPROSOL	7,200	7,200
16	27/1/2024	3	RFT/LFT/FBC	38,100	38,100
17	28/1/2024	1	THYROID FUNCTION TEST	27,000	27,000

18	30/1/2024	4	SODIUM VALPROATE/AMPICIOT/UNBRANDED/FLAGYL 400MG TABS	54,000	54,000
19	5/2/2024	1	NSUBUGA- CONSULTATIO& REGISTRATION	60,000	60,000
20	5/2/2024	1	AMOXICILLIN/CLAVULANIC 625MG/FLUCONAZOLE 50MG	5,700	5,700
21	5/2/2024	1	SWAN WATER	150	150
22	5/2/2024	1	KAT KAT TAT	1,600	1,600
23	5/2/2024	1	SLEEP STUDY & HOME SERVICE	565,000	565,000
24	5/2/2024	1	NSUBUGA – 2ML SYRINGE/ARTHEMETHER/LUMEFANTRINE 80/480/DOXYCAP 100MG CAPS/NEEDLES/PARACETAMOL TABLET 500MG/ARTEETHER 150 MG INJ	7,860	7,860
25	6/2/2024	1	NSUBUGA- 5ML SYRINGES/PARACETAMOL X2	300	300
26	5/2/2024	1	AMITRIPTYLINE 25MG	2,800	2,800
27	10/2/2024	4	LFT/RFT/FBC/MP	42,200	42,200
28	14/2/2024	2	PREDINISOLON 5MG/LORATIDINE 10MG	1,300	1,300
29	14/2/2024	2	EDG/APIXABAN 2.5MG	180,000	180,000
30	14/2/2024	1	APIXABAN 2.5MG	30,000	30,000
31	15/2/2024	1	CARDIOLOGY CONSULTATION HOME SERVICE	150,000	150,000
32	15/02/2024	1	AMOXICILLIN/CLAVULANIC ACID 875/125/BISOPROLOL 1.2MG/TORSEMIDE 20MG/OMRON M6 COMFORT/DALACIN -C 300MG CAPS	74,800	74,800
33	15/02/2024	1	DIGITAL THERMOMETER	5,000	5,000
34	18/02/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
35	18/2/2024	1	NEUROLOGY HOME CONSULTATION	150,000	150,000
36	18/2/2024	1	EUCR TEST	13,300	13,300
37	18/2/2024	1	HOME SERVICE SAMPLE COLLECTION	10,000	10,000
	Amount in words: **TWO MILLION, FOUR HUNDRED AND THIRTY- TWO THOUSAND, THREE HUNDRED AND TEN NAIRA ONLY**			**TOTAL: ₦2,432,310**	

PAYMENT DETAILS ARE AS FOLLOWS:

BANK NAME: GUARANTY TRUST BANK

ACCOUNT NUMBER: 0676037598

NOTE: KINDLY SEND PROOF OF PAYMENT TO THE WHATSAPP NUMBER BELOW.

Thank you for choosing Ask Medicals!

CONTACT DETAILS

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