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 Price	Line Total (₦)
1	23/12/2023	1	REGISTRATION	50,000	50,000
2	23/12/2023	9	RBG/RFT/WIDAL/URINALYSIS/FULL BLOOD COUNT/HIV/LFT/MP/LIPID BLOOD PROFILE	78,950	78,950
3	25/12/2023	1	NEUROLOGY CONSULTATION	50,000	50,000
4	25/12/2023	1	CARDIOLOGY CONSULTATION	50,000	50,000
5	25/12/2023	2	APIXARDAN 2.5MG/LOXARTAN POTASSIUM 2.5MG/BISOPROLOL	38,000	38,800
6	26/12/2023	1	ANTACID SUSPENSION	7,250	7,250
7	31/12/2023	6	RFT/FBC/HBSAG/HVC/URIC ACID/INORGANIC PHOSPHATE(P04)	47,300	47,300
8	31/12/2023	1	GOPD CONSULTATION	50,000	50,000
9	31/12/2023	1	ABDOMINAL PELVIC SCAN	17,250	17,250
10	7/1/2024	2	TOTAL CALCIUM/RFT	18,600	18,600
11	7/1/2024	1	NURSING CARE	10,000	10,000
12	7/1/2024	1	24 HRS OBSERVATION	30,000	30,000
13	7/1/2024	1	BRAIN MRI	250,000	250,000
14	8/1/2024	1	NURSING CARE	10,000	10,000
15	8/1/2024	1	24 HRS OBSERVATION	30,000	30,000

16	8/1/2024	1	NEUROLOGY FOLLOW UP	25,000	25,000
17	10/1/2024	1	NEUROLOGY FOLLOW UP	25,000	25,000
18	10/1/2024	1	NURSING CARE	10,000	10,000
19	10/1/2024	1	24HRS OBSERVATION	30,000	30,000

20	10/1/2024	33	0.9 NORMAL SALINE INFUSION/10ML SYRINGES/20ML SYRINGES/5ML SYRINGES/60+5PT/AMOXICILLIN/CLAVULANIC 625MG/CAPPUCCINO/CATHETER 19/COKE (4)/DIAZEPAM INJ/DRIP GIVING	248,600	248,600
			SET/EDGZ/FAYROUZ PET/FLAGYL 400MG/HYDROCORTISONE INJ/HYOSCINE BUTYL BROMIDE INJ/KY JELLY/LATEX EXAMINATION GLOVE/LEVETIRACETAM 500MG/LEVOFLOXACIN INFUSION/METRONIDAZOLE INFUSION/MILK STICK BISCULT/MORPHINE INJ/APIXABAN 2.5MG/FAMILA TISSUE/NIGHTINGGALE TOWEL UNDERPAD/NUTELLA B-READY/OMEPRAZOLE INJ/PARACETAMOL INJ AMP/SHORT BREAD S/S/STERILE ABSORBENT GAUZE/SURGICAL		
21	11/1/2024	1	NEPHROLOGY CONSULTATION	50,000	50,000
22	11/1/2024	1	OBSERVATION	40,000	40,000
23	11/1/2024	1	FEEDING	13,500	13,500
24	12/1/2024	1	PSYCHIARIC CONSULTATION	50,000	50,000
25	12/1/2024	1	NEUROLOGY FOLLOW UP	25,000	25,000
26	12/1/2024	1	MATTRESS	70,000	70,000
27	12/1/2024	1	OBSERVATION	40,000	40,000
28	12/1/2024	5	METRO/MUSTAKA GUM PIECE/NUTELLA READY/5ML SYRINGES/COMBO PRCCADELI	11,500	11,500
29	13/1/2024	1	NEUROLOGY FOLLOW UP	25,000	25,000
30	13/1/2024	2	SODIUM VALPROAT/HALOPERIDOL	7,810	7,810
31	13/1/2024	1	24 HRS OBSERVATION	30,000	30,000
32	16/1/2024	4	KAT KAT KAT/MILK COOKIES/MUSTAKA GUM/COKE	2,550	2,550
33	16/1/2024	4	5% DEXTROSE/COKE/HALOPERIDOL/RIBENA	2,550	2,550
34	17/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
35	18/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
36	21/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
37	24/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
38	27/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
39	28/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000
40	31/1/2024	1	NURSING CARE HOME SERVICE	30,000	30,000

41	2-3-4-5-7-910-11-14-15-16 FEB,2024	1	NURSING CARE HOME SERVICE	30,000	330,000
42	26/1/2024	1	WEEKS	90,000	90,000
43	27/1/2024	1	NEUROLOGY HOME CONSULTATION	150,000	150,000
44	27/1/2024	1	CARDIOLOGY CONSULTATION	50,000	50,000
45	27/1/2024	1	NEPHROLOGY CONSULTATION	50,000	50,000
46	27/1/2024	1	ECHOCARDIOGRAPHY	46,000	46,000
47	27/1/2024	1	ECG	50,000	50,000
48	27/1/2024	2	TORSEMIDE 20MG/BISOPROSOL	7,200	7,200
49	27/1/2024	3	RFT/LFT/FBC	38,100	38,100
50	28/1/2024	1	THYROID FUNCTION TEST	27,000	27,000
51	30/1/2024	4	SODIUM VALPROAT/AMPICIOT/UNBRANDED/FLAGYL 400MG TABS	54,000	54,000
52	5/2/2024	1	NSUBUGA- CONSULTATIO& REGISTRATION	60,000	60,000
53	5/2/2024	1	AMOXICILLIN/CLAVULANIC 625MG/FLUCONAZOLE 50MG	5,700	5,700
54	5/2/2024	1	SWAN WATER	150	150
55	5/2/2024	1	KAT KAT TAT	1,600	1,600
56	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
56	5/2/2024	1	AMITRIPTYLINE 25MG	2,800	2,800
57	10/2/2024	4	LFT/RFT/FBC/MP	42,200	42,200
58	14/2/2024	2	PREDINISOLON 5MG/LOVATIDINE 10MG	1,300	1,300
59	14/2/2024	2	EDG/APIXABAN 2.5MG	180,000	180,000
60	14/2/2024	1	APIXABAN 2.5MG	30,000	30,000
61	15/2/2024	1	CARDIOLOGY CONSULTATION HOME SERVICE	150,000	150,000
62	15/02/2024	1	AMOXICILLIN/CLAVULANIC ACID 875/125/BISOPROLOL 1.2MG/TOSEMIDE 20MG/OMRON M6 COMFORT/DALACIN -C 300MG CAPS	74,800	74,800
63	15/02/2024	1	DIGITAL THERMOMETER	5,000	5,000
	Amount in words:				

	THREE MILLION, ONE HUNDRED AND EIGHT THOUSAND, THREE HUNDRED AND SEVENTY NAIRA ONLY.	TOTAL	₦3,108,370

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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