

TRUST

P.O. Box: 11023 Dasma

Kuwait 35151

Tel.: 1830003 - 22232000

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www.sih-kw.com



ثقتكم امانه

ص:ب: 11023 الدسمة

الكويت 35151

تلفون: 1830003 - 22232000

فاكس: 22540167

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10/01/2022 16:35:10

Invoice (Detail)

Medical No. 812311 Act.No. 7573984 **O/P**
Patient Name SH/ABDULLAH AHMAD ABDULLAH ALSA Resource ER.CLINIC.ADEL MOI
Financial Category CASH Visit date 10/01/2022 16:27:15
Attending Doctor Adel Mohamed Elhasaneen
Currency KD

Date	Item Code	Item Description	Quantity	Unit Price	Total Price	Patient Part	Receipt No.
10/01/2022	MM0229	INJECTION WITH HOSPITAL OWN DRUG - ROCEPHINE 1GM OP	2		21.46	21.46	Not Paid
10/01/2022	MM0262	INJECTION WITH HOSPITAL OWN DRUG - PLEMAZOLE 10 MG OP	1		6.7	6.7	Not Paid
10/01/2022	MM0244	INJECTION WITH HOSPITAL OWN DRUG - BUSCOPAN OP	1		8.5	8.5	Not Paid
10/01/2022	MM0260	INJECTION WITH HOSPITAL OWN DRUG - PERFALGAN 1GM OP	1		6.7	6.7	Not Paid
10/01/2022	MM0310	INJECTION WITH HOSPITAL OWN DRUG - PANTOPRAZOLE40 MG IV	1		7.8	7.8	Not Paid

Total 51.160 .000

Signature _____

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Date	Item Code	Item Description	Quantity	Unit Price	Total Price	Patient Part	Receipt No.
10/01/2022	MD0128	IV SOLUTION	2	15	30	20	Not Paid
Total Price	INTERNAL MEDICINE				30.000	20.000	
10/01/2022	HV0019	TRANSPORTATION CHARGE	1	20	20	20	Not Paid
10/01/2022	HV0001	HOME VISIT BY REGISTRAR DOCTORS WITH NURSE	1	100	100	100	Not Paid
10/01/2022	HV0011	BLOOD SUGAR	1	7	7	7	Not Paid
Total Price	MISCELLANEOUS				127.000	127.000	
10/01/2022	LB0360	SERUM LIPASE	1	15	15	15	Not Paid
10/01/2022	LB0054	AMYLASE	1	9	9	9	Not Paid
10/01/2022	LB0014	CRP C- REACTIVE PROTEIN	1	19	19	19	Not Paid
10/01/2022	LB0117	COMPLETE BLOOD COUNT (CBC-)	1	16	16	16	Not Paid
10/01/2022	LB0106	RFT- RENAL PROFILE (UREA,CRET,URICA,TP,ALB,CA,NA,K,CL)	1	40	40	40	Not Paid
10/01/2022	LB0100	LFT- LIVER PROFILE (ALT,AST,ALKP,GGT,LDH,TBIL,DBIL,TP,AL)	1	42	42	42	Not Paid
Total Price	LABORATORY				141.000	141.000	

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Date	Item Code	Item Description	Quantity	Unit Price	Total Price	Patient Part	Receipt No.
10/01/2022	ER9999	FOLLOW UP FREE	1	0	0	0	Not Paid

Total Price	General Casualty				0.000	0.000
				Total	298.000	10.000

Date	Discount	Amount Due	Tax	Total Payments	Patient Balance
					0.000
		349.160			339.160
					0.000
					0.000
					339.160

Signature _____

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