Pet 22/7/21

SINAI HOSPITAL RONGAI
26 JUL 2021
Tel: 0759 875 100
P.O. Box 36653 - 00200, NAIROBI

SINAI HOSPITAL RONGAI

Head Office: Silver Plaza Magadi Road next to Tosha Petrol Station, Rongai

Tel: 0759 875 100 / 0726 806 412

P.O. Box 36653 -00200 Nairobi.

Email: sinaihosp@gmail.com. www.sinaihosp.co.ke

INVOICE - OUTPATIENT

CUSTOMER: UAP INSURANCE — Invoice No: SNV00136859

ADDRESS: 12589 PHONE: 0285279 — Invoice Date: 22/07/2021

CUS REF: - — c/o GEORGE OMENGE NYABERI

DESCRIPTION	QTY	PRICE	DISC%	VAT%	TOTAL COST
PHARMACY-PARACETAMOL IV 100MLS- 22/07/2021	1	1,000.00	0.00	0.00	1,000.00
PHARMACY-FLUID GIVING SET- 22/07/2021	1	70.00	0.00	0.00	70.00
PHARMACY-BRANULAR BLUE G20- 22/07/2021	1	100.00	0.00	0.00	100.00
PHARMACY-RINGERS LACTATE 500ML- 22/07/2021	1	200.00	0.00	0.00	200.00
PHARMACY-LATEX GLOVES- 22/07/2021	2	30.00	0.00	0.00	60.00
PHARMACY-ESOMEPRAZOLE INJ 40MG- 22/07/2021	1	1,200.00	0.00	0.00	1,200.00

Prepared By: KAJUJU

Admission Date:

Discharge Date:

NHIF No:

Claim No: 0

SUB TOTAL:	2,630.00
VAT TOTAL:	0.00
LESS NHIF	0.00
TOTAL:	2,630.00

Name: GEORGE NYABERI

Signature:

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CliniCore by: Corebase Solutions Ltd

OLDMUTUAL

OUT-PATIENT CLAIM FORM

Practitioners Name Sinai Hospital Rongai

Postal Address 36653 - 00 200 Nrb.

Tel No. 0759875100 Mobile

Email sinaihosp@gmail.com.

SINAI HOSPITAL RONGAI
Practitioner's Official Stamp
26 JUL 2021
Tel: 0759 875 100
P.O. Box 36653 - 00200, NAIROBI

PATIENT'S PARTICULARS

Full Name of Patient George omenge nyaberi Date of Birth 1973

Full Name of Member (if patient is a dependant) Purity Nyanda Mwangi

Member's Tel No. 0724459926 Member No.

Member's Employer Name Longhorn publisher Dept. /Branch Industrial Area

Have you suffered from this sickness in the past? YES ✓ NO

If YES, when did it start and how frequent is it?

CONSULTATION/REFERRALS

DIAGNOSIS: Severe Gastritis

TREATMENT PRESCRIBED

MEDICINES:	Prescription		Injection given		Dispensed		None	
RADIOLOGY:	X-Ray		MRI/Cat Scan		Other		Other	
PATHOLOGY:	Haemotology		Microbiology		Biochemistry		Histology	

Hospital Name: Consultant Referred To: Specialty:

MEDICATION PRESCRIBED:

Dr's Signature **Date** 22/7/2021.

DECLARATION

I warrant the truth of the above statements. I have not withheld or misstated material information relating to this claim and have no objection to yourselves communicating with my medical doctor with regard to this claim.

Member's Signature George **Date** 22/7/2021