



**Annai Velankanni Multispeciality Hospital,
MuruganKurichi, Palayamkottai Tirunelveli,Tamil Nadu,
Telephone: 0462-4000014/16
GST No.: - 33AADFA9220H2ZT
DL No:- TN/TNS/20/00471,TN/TNS/21/00471**

BILL / INVOICE

IP No : **24/1873** Bill No : **SIPH24-
25/19987** Status: **Post**

Patient Name : VITHYAA LAXMI S Date/Time : 11/10/2024 10:21AM
UHID : 1010049 Pres.. Doctor : Dr. BANUMATHI RAJ
Sponsor : CASH PAY Ward/Bed No : BABY WARD/BABY BED 09
Indent No./Date : 20160 - 11/10/2024 Indent By : SHOBANA P
10:18AM

Indent Types : **Routine Orders** Location : AVNH - IP PHARMACY

Sno	Indent Item	Issued Item	HSn Code	Qty	Batch No	Expiry	MRP	Amount
1		FEPANIL DROPS	3004	1	FDL24E08	04/2025	30.07	30.07
2		ARBIVIT-3 FORTE DROPS	3004	1	SP7824018	07/2026	95.00	95.00
3		BIO POLIO B OPV	3002	1	LOT31	05/2025	225.00	225.00
4		TUBERVAC BCG	3002	1	0373MA072	12/2025	116.76	116.76
5		1ML SYRINGE NIPRO	9018	2	23F14K65	05/2029	14.00	28.00

Gross Amount : **494.83**

Discount : **0.00**

Net Bill Amount : 494.83

Prepared By :

Checked By :

Received By :

4512

* Kindly refund unused medicines before discharge*



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BILL / INVOICE

IP No : **24/1873** Bill No : **SIPH24-
25/19301** Status: **Post**

Patient Name : VITHYAA LAXMI S Date/Time : 05/10/2024 5:20PM

UHID 1010049 Pres., Doctor : Dr. AJAY PRAKAASH

Sponsor CASH PAY Ward/Bed No : NICU/NICU 07

Indent No./Date : 19476 - 05/10/2024 5:10PM Indent By : MUPPIDATHI S

Indent Types : **Routine Orders** Location : AVNH - IP PHARMACY

Sno	Indent Item	Issued Item	HSn Code	Qty	Batch No	Expiry	MRP	Amount
1		SCALPEL BLADE 11	9018	1	241007A	06/2029	35.00	35.00
2		AHD 100ML	3004	1	RAS - 24017	07/2027	225.00	225.00
3		BABY DIAPERS S	3004	3	000	12/2030	130.00	390.00
4		FEEDING TUBE 6 INFAND	9018	5	G24E0106 49	04/2029	64.00	320.00
5		GLOVES 6	4015	1	24D2007	03/2029	88.00	88.00
6		DEXTROSE 5% 500ML IV F.K	9018	2	82RL20660 4	10/2025	82.18	164.36
7		GLUCI 10ML INJ	3004	3	KP1169713	02/2026	83.30	249.90
8		GLUCI 10ML INJ	3004	2	KP1169727	03/2026	83.30	166.60
9		INJEK 0.5ML INJ	3004	1	1255151	06/2025	27.90	27.90
10		IVEOLYTE P 500ML	3004	3	82SF12660 1	05/2026	128.45	385.35
11		NEOFLOL PRO 24G YELLOW BD	9018	5	4094288 P65	03/2027	379.00	1895.00
12		NEOFLOL PRO 26G VIOLET BD	9018	5	4084043	03/2027	379.00	1895.00
13		NS 100ML	3004	3	82TF20410 9	05/2027	47.09	141.27
14		BABY WIPES NOVEL	3307	2	K2420648	08/2026	195.00	390.00

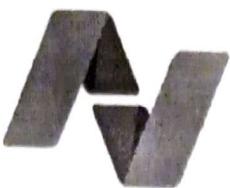
Prepared By :

Checked By :

Received By :

4424

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DL No:- TN/TNS/20/00471,TN/TNS/21/00471**

BILL / INVOICE

IP No	24/1873	Bill No	SIPH24- 25/19301	Status: Pos
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Patient Name : VITHYAA LAXMI S Date/Time : 05/10/2024 5:20PM

UHID : 1010049 Pres.. Doctor : Dr. AJAY PRAKAASH

Sponsor : CASH PAY Ward/Bed No : NICU/NICU 07

Indent No./Date : 19476 - 05/10/2024 5:10PM Indent By : MUPPIDATHI S

Indent Types : **Routine Orders** Location : AVNH - IP PHARMACY

15	CAP BUFFENT	6217	10	000	12/2030	10.00	100.00
16	FACE MASK 3M	6217	10	MMA/01/2 4-25	04/2027	10.00	100.00
17	UNDER PAD BABY SHEET	3004	10	00	04/2027	72.00	720.00
18	SOFT NAPKIN MEDIUM MERCY	4803	5	000	12/2030	75.00	375.00
19	NEEDLE 18*11/2" PINK DISPO VAN	0	5	23444C	05/2029	3.00	15.00
20	LYSOWASH PLUS 100ML SOLN	3004	1	RLP - 24017	05/2026	200.00	200.00
21	SUCTION CATHETER 6 F	9018	2	G24B0107 09	01/2029	81.00	162.00
22	SUCTION CATHETER 8 F	9018	3	G24C0109 45	02/2029	81.00	243.00
23	SUCTION SET VACCU SUCK ROMSONS	9018	1	G2401086 9	06/2029	532.00	532.00
24	10ML SYRINGE NIPRO	9018	10	24E09K58	04/2029	27.50	275.00
25	MICROPORE PLASTER 1530-1 3M	9018	1	R04241125	03/2029	126.05	126.05
26	NEEDLE 24G	9018	4	26412D	05/2029	2.60	10.40
27	NEEDLE 24G	9018	1	29412R	06/2029	2.60	2.60
28	3ML SYRINGE NIPRO	9018	5	24G08K30	06/2029	15.00	75.00
29	50ML SYRINGE NIPRO	9018	5	24B15K27	01/2029	199.00	995.00

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BILL / INVOICE

Status: **Post**

IP No

24/1873

Bill No

**SIPH24-
25/19301**

Patient Name	VITHYAA LAXMI S	Date/Time	05/10/2024 5:20PM
UHID	1010049	Pres.. Doctor	Dr. AJAY PRAKAASH
Sponsor	CASH PAY	Ward/Bed No	NICU/NICU 07
Indent No./Date	19476 - 05/10/2024 5:10PM	Indent By	MUPPIDATHI S
Indent Types	Routine Orders	Location	AVNH - IP PHARMACY
Gross Amount : 10304.43			
Discount : 0.00			
Net Bill Amount : 10304.43			

Prepared By :

Checked By :

Received By :

4424

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BILL / INVOICE

IP No : **24/1873** Bill No : **SIPH24-
25/19288** Status: **Post**

Patient Name : VITHYAA LAXMI S Date/Time : 05/10/2024 2:53PM

UHID : 1010049 Pres.. Doctor : Dr. AJAY PRAKAASH

Sponsor : CASH PAY Ward/Bed No : NICU/NICU 07

Indent No./Date : 19461 - 05/10/2024 2:51PM Indent By : MUPPIDATHI S

Indent Types : **Routine Orders** Location : AVNH - IP PHARMACY

Sno	Indent Item	Issued Item	HSn Code	Qty	Batch No	Expiry	MRP	Amount
1		F&P OPTIFLOW JUNIOR RT330	9019	1	901920	01/2028	7900.00	7900.00
2		OPTIFLOW JUNIOR 2 CANNULA OJR414	9021	1	210289534 4	11/2026	4940.00	4940.00

Gross Amount : 12840.00

Discount : 0.00

Net Bill Amount : 12840.00

Prepared By :

Checked By :

Received By :

4424

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