



# OL' JABET HOSPITAL

P.O. BOX 543, NYAHURURU TEL: 0703333111

1382

## INVOICE

NAME: James Mwangi

IP/ NO. 12498 Membership No. ....

ADDRESS: .....

DATE: 01/08/2022

DOA: 20/02/2022

DOB: 12/08/1972

DESCRIPTION	PRICE	DESCRIPTION	PRICE
ADM FEES	1000	HAEMATOLOGY	
		1.	
THEATRE CHARGES		2.	
1.		3.	
2.		DRUGS	
3.		1. Antibiotic (Amoxi 1000) 2.200	
4.		2. Analgesic (Ibuprofen 400) 1.800	
5.		3. Antacid (Famotidine 40mg) 1.200	
6.		4. Antacid (Famotidine 40mg) 1.400	
BED CHARGE	1200	5. IV fluids (0.9% NaCl) 2.200	
PROFESSIONAL FEE	2000	6.	
NURSING CARE	1200	7.	
MATERNITY		8.	
		9.	
DIAGNOSTICS		10.	
X-RAY / LAB / OTHERS	900	11.	
SERLOGY		12.	
1.		13.	
2.		OTHERS:	
3.			
MICROBIOLOGY			
1.			
2.			
3.			
BIOCHEMISTRY			
1.			
2.			
3.			

TOTALS: 15200  
Less NHIF: 10000  
Balance: 5200

### PREPARED BY:-

CLERK: V. Mwangi  
NAME: V. Mwangi  
SIGNATURE: [Signature]  
DATE: 01/08/2022

HOSP. ADM: [Signature]  
NAME: [Signature]  
SIGNATURE: [Signature]  
DATE: 01/08/2022



JAMHURI YA KENYA

REPUBLIC OF KENYA

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JANE WANJIRA MURU



DATE OF BIRTH  
SEX  
RELIGION  
NYS  
MUNICIPALITY  
DATE OF ISSUE  
12.12.2012

