

AVISENA Specialist Hospital

Owned by Avisena Healthcare Sdn Bhd (201301018445 (1048278-D))
 No. 4, Jalan Ikhtisas, Seksyen 14, 40000 Shah Alam, Selangor, Malaysia
 T: (603) 5515 1888 | F: (603) 5515 1815 | www.avisena.com.my



INVOICE DETAILS

PAGE : 1
 BILL NO. : B003167347
 BILLING DATE : 30/05/2023
 ADMISSION DATE : 30/05/2023
 ADMISSION TIME : 01:12PM
 DISCHARGE DATE :
 DISCHARGE TIME :
 MRN NO. : M00220677
 EPISODE NO. : EP0330810
 PATIENT IC NO. : 840625-08-6118
 DEPENDENCE IC NO. :
 STAFF NO. :
 PANEL CORP. : CASH
 EXPIRY DATE :

ROSLINA BINTI MOHD SOBRI
 NO.12 JALAN NOVA U5/89 SUBANG BESTARI SHAH ALAM
 40150 SHAH ALAM
 SELANGOR

PATIENT NAME : ROSLINA BINTI MOHD SOBRI
 DEPENDENT NAME : -
 GL NO. : -

EFFECTIVE DATE : 30/05/2023

DESCRIPTION	UNIT	PRICE	DISCOUNT	TAX	AMOUNT
DISPOSABLES ITEMS					
ALCOHOL SWAB	1	0.64	0.00	0.00	0.64
GLOVES(NITRILE) NON PWD SZ:M	2	2.50	0.00	0.00	5.00
NEEDLES 18G X 1 1/2" 181050001	1	6.00	0.00	0.00	6.00
SYRINGE 5cc 181020006	1	6.45	0.00	0.00	6.45
NACL FOR INJ 10ML	1	5.35	0.00	0.00	5.35
SURPLUG AD NEEDLE (SA*1W)	1	12.20	0.00	0.00	12.20
VASOFIX G20 x 33MM 4268113S-03	1	20.50	0.00	0.00	20.50
INTRAFIX LUER G20 4063004	1	23.40	0.00	0.00	23.40
TEGADERM IV ADULT 1683	1	15.50	0.00	0.00	15.50
NaCl 0.9% 500ML	1	18.60	0.00	0.00	18.60
ED MEDICAL CONSUMABLES	1	25.00	0.00	0.00	25.00
EQUIPMENT AND PROCEDURE					
BRANULA INSERTION ADULT	1	26.78	0.00	0.00	26.78
OBSERVATION ROOM/HOUR	1	27.83	0.00	0.00	27.83
LABORATORY CHARGES					
FULL BLOOD COUNT	1	44.10	0.00	0.00	44.10
RENAL PROFILE (RP)	1	81.03	0.00	0.00	81.03
LIVER FUNCTION TEST (LFT)	1	57.88	0.00	0.00	57.88
AMYLASE (SERUM)	1	30.61	0.00	0.00	30.61
MEDICAL OFFICER FEE					
PROFESSIONAL CONS (MO) WALK-IN	1	13.00	0.00	0.00	13.00
NURSING SERVICES					
OP NURSING PROCEDURE	1	20.00	0.00	0.00	20.00
IV DRIP SETTING ADULT	1	24.87	0.00	0.00	24.87
BLOOD TAKING	1	11.00	0.00	0.00	11.00
OUTPATIENT ADMIN FEE					
Admin Fees (Repeat Patient OPD)	1	5.00	0.00	0.00	5.00
PHARMACEUTICAL ITEM					
NEXIUM 40MG INJ	1	66.00	0.00	0.00	66.00
SALINE PF 3ML (POSIFLUSH)	1	5.50	0.00	0.00	5.50
NEXIUM 20MG TAB	14	6.50	0.00	0.00	91.00
GANATON 50MG TAB	14	3.45	0.00	0.00	48.30

THIS IS COMPUTER GENERATED DOCUMENT AND NO SIGNATURE REQUIRED

STAFF NAME : RUZAIMAH AKHRAN
 PRINTED DATE : 30/05/2023



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INVOICE DETAILS

ROSLINA BINTI MOHD SOBRI
 NO 12 JALAN NOVA U5/89 SUBANG BESTARI SHAH ALAM
 40150 SHAH ALAM
 SELANGOR

PATIENT NAME : ROSLINA BINTI MOHD SOBRI
 DEPENDENT NAME : -
 GL NO. : -

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 DISCHARGE DATE :
 DISCHARGE TIME :
 MRN NO. : M00220677
 EPISODE NO. : EP030810
 PATIENT IC NO. : 840625-08-6118
 DEPENDENCE IC NO. :
 STAFF NO. :
 PANEL CORP. : CASH
 EXPIRY DATE :

DESCRIPTION	UNIT	PRICE	DISCOUNT	TAX	AMOUNT
SUB TOTAL		691.54	0.00	0.00	691.54
TOTAL		691.54	0.00	0.00	691.54
DEPOSIT PAYMENT					0.00
				RM	691.55
					-0.01
PAYOR/PATIENT SHARE					0.00
TOTAL					-0.01
ROUNDING ADJUSTMENT					0.01
AMOUNT TO BE PAID				RM	0.00

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STAFF NAME : RUZAIMAH AKHRAN
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