TIN: 0073417579

DANU ORTHOPEDICS CENTER PLC

A.A.SUBCITY-ARADA
W/09,H.NO.-NEW
4 KILO BEHIND TOURIST HOTEL
TEL-0118704595/0111113366
FS No.00106487 DATE: 14/12/2023 11:12

========== CASH INVOICE ==========
Customer: MAHMED OUSMAN NUROUMER
Ref: 562760
Operator: rec00028

Description	Qty	Price	AMOUNT
Dressing (N)	1	500.000	*500.00
medication fee (N)	1	15,570.000	*15,570.00
Hospitalization Fee (Bed) (N)	1	3,600.000	*3,600.00
physiotherapy fee (N)	1	600.000	*600.00
Anesthesia (N)	1	2,120.000	*2,120.00
procedure fee (N)	1	70,000.000	*70,000.00
Laboratory fee (N)	1	4,560.000	*4,560.00
Catheterization (N)	1	400.000	*400.00
Imaging (N)	1	2,500.000	*2,500.00
ECG (N)	1	700.000	*700.00
Nursing Care (N)	1	3,600.000	*3,600.00
OR Materials (N)	1	900.000	*900.00
Service Charge 20% (N)	1	6,890.000	*6,890.00
Implant (N)	1	70,000.000	*70,000.00

NOTXBL *181,940.00

TOTAL *181,940.00

CASH *181,940.00
ITEM# 14

ERCA
FG10020790

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I-POS INTERNATIONAL TRADING PLC

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Danu Orthopedics Center PLC

Tel. +251-111-11 75 00/33 36 Fax +251-111 11 77 67 P.o box: 8530 Arada Sub-City Woreda 9 Arat Kilo
Danu Tin No_0073417579

(CASH SALES INVOICE)

Chart No	98824	Sex	M	Age :	60	Type :	IPD
Name	MAHMED OUSMAN NUROUMER			Ref.	278223		
Department	3rd Floor 316 ,2 Bed			Receipt	562760		
Stay	2023/12/11~2023/12/14	TIN No					

Code	Description	Amount
2	Dressing	500.00
3	medication fee	15,570.00
5	Hospitalization Fee (Bed)	3,600.00
6	physiotherapy fee	600.00
7	Anesthesia	2,120.00
8	procedure fee	70,000.00
11	Laboratory fee	4,560.00
23	Catheterization	400.00
24	Imaging	2,500.00
25	ECG	700.00
27	Nursing Care	3,600.00
31	OR Materials	900.00
32	Service Charge 20%	6,890.00
36	Implant	70,000.00

Sub Total :	181,940.0
Deposit :	14000
Discount :	
Credit :	
Net Amount	4194

Customer Name

Doctor Name	Alemayehu (Dr.)		*Printed On: 2023/12/14 11:10*
Prepared By	AYUBA ALIAS SHAFI	Page 1 of 1	*Signature :* _____