



MEDISAVE-DEMO
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 QUATRE BORNES
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 VAT: 123123342 | BRN: C1234567

UHID: JAN-0000003

NIC:

Gender:

Phone Number:

Address: MAURITIUS

Billed Date: 05 Feb 2026

Name: MISS. JANETTE JACK

Date Of Birth: (Age):

Email:

Reference: SI-ADMIN-2502-0003

VAT Invoice

#	Name	Date	Unit Price Incl Vat	Qty	VAT	Amount
LABORATORY						
1	HELICOBACTER PYLORI (PLASMA/SERUM)		400.00	1	0.00	400.00
2	C-REACTIVE PROTEIN (CRP)		400.00	1	0.00	400.00
3	FULL BLOOD COUNT (FBC)		450.00	1	0.00	450.00
4	TROPONIN I		1,000.00	1	0.00	1,000.00
SERVICES						
5	ECG Test Fee		850.00	1	0.00	850.00
6	IV Cannulation Fee		220.00	1	0.00	220.00
7	ER VISIT FEE - (MORE THAN 2HRS)		1,800.00	1	0.00	1,800.00
8	IV Injection Fee		220.00	1	0.00	220.00
DRUGS						
9	HELICOBACTER PYLORI (PLASMA/SERUM)		27.75	1	0.00	27.75
10	SPASFON I.V/I.M INJ X 4ML (PHLOGLUCINOL) (BX*6)		30.25	1	0.00	30.25
11	EMITINO 2MG/ML X 2 ML INJ (ONDANSETRON) (BX*10)		64.36	1	0.00	64.36
12	PREVITA POTENCY VITAMINS B & C IV SOLN (BX*6 PAIRS)		290.39	1	0.00	290.39
13	NS 500ML -(SODIUM CHLORIDE) - OTSUKA (BX*28)		34.65	1	0.00	34.65
CONSUMABLES						
14	INTRAFIX PRIMELINE I.S X 180CM		240.00	1	0.00	240.00
15	SYRINGE - INJEKT 10ML LUER DUO - 21G X 1 1/2" (PK*1)		32.00	1	0.00	32.00
16	SYRINGE - UNOLOK 2.5ML - LUER LOCK 24G (BX*100)		7.50	1	0.00	7.50
Total				16	0.00	6,066.90

VATABLE (V)	EXEMPTED (E)	ZERO RATED (Z)
0.00	0.00	6,066.90

VAT(15%):	0.00
Total Payable Amount:	6,066.90

TERMS AND CONDITIONS

All goods purchased can only be returned for manufacturer's defects. Goods are mainly delivered on a cash basis. In case of credit facilities, payment has to be effected within a period of 30 days. After this period an interest rate of 2% per annum over bank rate on all overdue amounts will be claimed. A surcharge of 11% will be added to account and all other legal costs will be claimed if legal action should be taken for the recovery of any amount due. This is a computer generated document requiring no signature...