

RECEIVED
31 OCT 2023
Martine
RUTONGO MINES LTD

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT : RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD INVOICE NO: :1/9/RUTHOSP/2023
TIM :101515092

T O T A L B I L L

RUTONGO MINES LIMITED has to pay
to RUTONGO HOSPITAL the sum of
(In figures) :

403,725

(In words): Four hundred three thousand seven hundred twenty five rwandan francs
For all medical care given to its patient
September, 2023
This amount will be put into account number **00040-00206923-55**
At bank of Kigali (BK)

Done at Ngoma 15/10/2023
NTIHABOSE AIME PATRICK
DIRECTOR GENERAL



Amount approved after reconciliation
(In figures) :

--

(In words):
Date & Signature :
Names
Post:

<p>REPUBLIC OF RWANDA</p>  <p>NORTHERN PROVINCE RULINDO DISTRICT</p>	<p>RUTONGO HOSPITAL</p> <p>P.O.Box 1395 Kigali</p> <p>Call us: 0783386406 / 0781730987</p> <p>emails: info@rutongohospital.gov.rw</p>	
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INVOICE OF THE PATIENTS FROM RUTONGO MINES LIMITED

No	NAMES	AMOUNT
1	JEAN DE DIEU SHEMA	27,462
2	JEAN NEPOMUSCENE UWIZEYIMANA	48,233
3	BONIFACE KAREMANGINGO	45,545
4	FAUSTIN HAKIZIMANA	1,500
5	MODESTE HABIMANA	13,109
6	VINCENT NSENGIYUMVA	35,975
7	Daniel RUHEZAMIHIGO	4,350
8	ALPHONSE NAHIMANA	93,059
9	Diane UMURERWA	134,492
	TOTAL	403,725

NYIRAHABIMANA MARIE GRACE
RECOVERY OFFICER



KALISA FRANCOIS
D.A.F



DR NTHABOSE AIME
PATRICK
DG





Rutongo mine
Date: 2023-09-30
9

RUTONGO HOSPITAL

P. O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/282010H7-Y

Beneficiary Names: DIANE umurerwa DOB: 2002-02-11

Ambulant: Qui

Sex: F

Date d'entree: 2023-09-27 Date de sortie: 2023-09-29

NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Shengampuli/Nyabinyana

FACTURE DES PRESTATIONS DE SOINS DE SANTE #282010H7-Y195154 - 2023-09-27 Patient ID: 282010H7-Y

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSOMMABLES								
1	2023-09-27	Gant d'examen non stérile N° 7,5		10.00	58.00	580.00	0.00	580.00
						580.00	0.00	580.00
MEDICAMENTS								
1	2023-09-27	Thiamine 100 mg tab	1 tab TID/7/7	21.00	19.00	399.00	0.00	399.00
2	2023-09-27	Pommade camphre 10% 50 gr		2.00	625.00	1250.00	0.00	1250.00
3	2023-09-27	Prednisolone 5 mg tab	2 tabs bid 10/7	30.00	13.00	390.00	0.00	390.00
						2039.00	0.00	2039.00
ACTS								
1	2023-09-27	Kiné A0		1.00	3105.00	3105.00	0.00	3105.00
2	2023-09-27	TENS	5 sessions	5.00	3105.00	15525.00	0.00	15525.00
3	2023-09-27	Ultra Sons (U.S)	5 sessions	5.00	4140.00	20700.00	0.00	20700.00
4	2023-09-27	Infra Rouge (I.R) / Laser	5 sessions	5.00	3105.00	15525.00	0.00	15525.00
5	2023-09-27	Dos - Back	5 sessions	5.00	2070.00	10350.00	0.00	10350.00
						65205.00	0.00	65205.00
						67824.00	0.00	67824.00

Generated by: David NSHIMIYIMANA

Discharge by (Doctor): Dieudonne IZANKIZA

Beneficiary Names/Signature:

Insurance's Staff:



Dieudonne
P.O. Umurerwa



RUTONGO HOSPITAL

P. O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural
Disease

Card: NONE/282010H7-Y

Beneficiary Names: DIANE umurerwa DOB: 2002-02-11

Ambulant: Non

Sex: F

Date d'entree: 2023-09-01 Date de sortie: 2023-09-12

NAME(S) OF HOUSEHOLD HEAD: null
FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE:
Shengampuli/Nyabinyana**FACTURE DES PRESTATIONS DE SOINS DE SANTE #282010H7-Y192639 - 2023-09-01 Patient ID: 282010H7-Y**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		HOSPITALISATION						
1	2023-09-01	Hospitalisation salle commune/ Jour	31/8-1/9/2023	1.00	1380.00	1380.00	0.00	1380.00
2	2023-09-01	Visite par le médecin généraliste en hospitalisation	1/9/2023	1.00	862.50	862.50	0.00	862.50
3	2023-09-02	Hospitalisation salle commune/ Jour	1-2/9/2023	1.00	1380.00	1380.00	0.00	1380.00
4	2023-09-02	Visite par le médecin généraliste en hospitalisation	2/9/2023	1.00	862.50	862.50	0.00	862.50
5	2023-09-03	Hospitalisation salle commune/ Jour	02-03/09/2023	1.00	1380.00	1380.00	0.00	1380.00
6	2023-09-03	Visite par le médecin généraliste en hospitalisation	03/09/2023	1.00	862.50	862.50	0.00	862.50
7	2023-09-04	Hospitalisation salle commune/ Jour	3-4/9/2023	1.00	1380.00	1380.00	0.00	1380.00
8	2023-09-04	Visite par le médecin généraliste en hospitalisation	4/9/2023	1.00	862.50	862.50	0.00	862.50
9	2023-09-05	Hospitalisation salle commune/ Jour	4-5/9/2023	1.00	1380.00	1380.00	0.00	1380.00
10	2023-09-05	Visite par le médecin généraliste en hospitalisation	5/9/2023	1.00	862.50	862.50	0.00	862.50
11	2023-09-06	Hospitalisation salle commune/ Jour	5-6/9/2023	1.00	1380.00	1380.00	0.00	1380.00
12	2023-09-06	Visite par le médecin généraliste en hospitalisation	6/9/2023	1.00	862.50	862.50	0.00	862.50
13	2023-09-07	Hospitalisation salle commune/ Jour	6-7/9/2023	1.00	1380.00	1380.00	0.00	1380.00
14	2023-09-07	Visite par le médecin généraliste en hospitalisation	7/9/2023	1.00	862.50	862.50	0.00	862.50
15	2023-09-08	Hospitalisation salle commune/ Jour	7-8/9/2023	1.00	1380.00	1380.00	0.00	1380.00
16	2023-09-08	Visite par le médecin généraliste en hospitalisation	8/9/2023	1.00	862.50	862.50	0.00	862.50
17	2023-09-10	Hospitalisation salle commune/ Jour	9-10/9/2023	1.00	1380.00	1380.00	0.00	1380.00
18	2023-09-10	Visite par le médecin généraliste en hospitalisation	10/9/2023	1.00	862.50	862.50	0.00	862.50
19	2023-09-11	Hospitalisation salle commune/ Jour	10-11/09/2023	1.00	1380.00	1380.00	0.00	1380.00
20	2023-09-11	Visite par le médecin généraliste en hospitalisation	11/09/2023	1.00	862.50	862.50	0.00	862.50
21	2023-09-12	Hospitalisation salle commune/ Jour	11-12/9/2023	1.00	1380.00	1380.00	0.00	1380.00

2	2023-09-12	Visite par le médecin généraliste en hospitalisation	12/9/2023	1.00	862.50	862.50	0.00	862.50
						24667.50	0.00	24667.50
		CONSOMMABLES						
1	2023-09-04	Seringue 10ml +aiguille	injection im	4.00	101.00	404.00	0.00	404.00
2	2023-09-04	Emballage médicament en plastic	medicament	2.00	7.00	14.00	0.00	14.00
3	2023-09-08	Gant d'examen non stérile N° 7,5	actes	6.00	58.00	348.00	0.00	348.00
4	2023-09-11	Gant d'examen non stérile N° 7,5	actes	2.00	58.00	116.00	0.00	116.00
5	2023-09-12	Gant d'examen non stérile N° 7,5	actes	2.00	58.00	116.00	0.00	116.00
						998.00	0.00	998.00
		MEDICAMENTS						
1	2023-09-04	Diclofenac injection	inj im	4.00	59.00	236.00	0.00	236.00
2	2023-09-04	Pommade camphre 10% 50 gr	3ap/d	1.00	625.00	625.00	0.00	625.00
3	2023-09-04	Thiamine 100 mg tab	3x1ce/5j	15.00	19.00	285.00	0.00	285.00
4	2023-09-04	Prednisolone 5 mg tab	2x1ce/5j	10.00	13.00	130.00	0.00	130.00
5	2023-09-08	Pommade camphre 10% 50 gr	2 app/jrs	1.00	625.00	625.00	0.00	625.00
6	2023-09-12	Pommade camphre 10% 50 gr	application	1.00	625.00	625.00	0.00	625.00
						2526.00	0.00	2526.00
		ACTS						
1	2023-09-04	Injection IM	injection im	4.00	311.00	1244.00	0.00	1244.00
2	2023-09-08	Kiné A0		1.00	3105.00	3105.00	0.00	3105.00
3	2023-09-08	TENS	07-08/09/2023	2.00	3105.00	6210.00	0.00	6210.00
4	2023-09-08	Infra Rouge (I.R) / Laser	07-08/09/2023	2.00	3105.00	6210.00	0.00	6210.00
5	2023-09-08	Dos - Back	07-08/09/2023	2.00	2070.00	4140.00	0.00	4140.00
6	2023-09-11	TENS		1.00	3105.00	3105.00	0.00	3105.00
7	2023-09-11	Infra Rouge (I.R) / Laser		1.00	3105.00	3105.00	0.00	3105.00
8	2023-09-11	Dos - Back		1.00	2070.00	2070.00	0.00	2070.00
9	2023-09-12	TENS		1.00	3105.00	3105.00	0.00	3105.00
1	2023-09-12	Infra Rouge (I.R) / Laser		1.00	3105.00	3105.00	0.00	3105.00
1	2023-09-12	Dos - Back		1.00	2070.00	2070.00	0.00	2070.00
						37469.00	0.00	37469.00
						65660.50	0.00	65660.50

Generated by:
David NSHIMIYIMANA

Discharge by (Doctor):
Vanessa Imelda MUGEMANYI

Beneficiary
Names/Signature:

Insurance's Staff:



[Handwritten signature]



RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

DISEASE TYPE: Work Accident

Card: NONE/282010H7-Y Beneficiary Names: DIANE umurerwa DOB: 2002-02-11 Ambulant: Non
 Sex: F Date d'entree: 2023-09-12 Date de sortie: 2023-09-12
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: null
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Shengampuli/Nyabinyana
 Province/Amajyaruguru

FACTURE DES PRESTATIONS DE SOINS DE SANTE #282010H7-Y193873 - 2023-09-12 Patient ID: 282010H7-Y

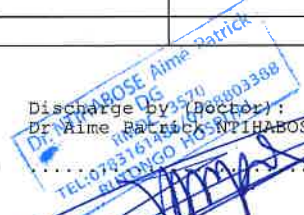
#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		MEDICAMENTS						
1	2023-09-12	Diclofenac suppo 100 mg	2x1/j/7j	14.00	72.00	1008.00	0.00	1008.00
						1008.00	0.00	1008.00
						1008.00	0.00	1008.00

Generated by:
 David NSHIMIYIMANA

Discharge by (Doctor):
 Dr Aime Patrick NTIHABOSE

Beneficiary
 Names/Signature:

Insurance's Staff:



CHR = 98018/20 U

TRINITY
METALS
RUTONGO MINES

282010h7-y

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:

Site:

Title:

ID:

EID:

Phone:

Age:

Sex:

Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
25/08/2023			

HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED

282010H7 -J

REPUBLIQUE DU RWANDA
DISTRICT DE RULINDO
HOPITAL DE RUTONGO
SERVICE DE.....

Fiche de rendez-vous

Nom et prénom: *Emmanuel A. Diani*
Age: *27 ans*
Adresse: *Muciro - Muryampana*
Diagnostic: *LBP par leucémie*

Date	Traitement	Date de rendez-vous	signature
<i>07/09/2017</i>	<i>mon</i>	<i>07/09/2017</i>	<i>[Signature]</i>
<i>08/09/2017</i>	<i>II</i>	<i>11/09/2017</i>	<i>[Signature]</i>
<i>12/09/2017</i>	<i>III</i>	<i>12/09/2017</i>	<i>[Signature]</i>
<i>20/09/2017</i>	<i>IV</i>	<i>20/09/2017</i>	<i>[Signature]</i>
<i>27/09/2017</i>	<i>évaluation</i>	<i>27/09/2017</i>	<i>[Signature]</i>



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

Rutongo mine 8

DISEASE TYPE: Natural Disease

Card: NONE/20503Y8K-X

Beneficiary Names:
ALPHONSE NAHIMANA

DOB: 1991-01-01

Ambulant: Non

Sex: M

Date d'entree: 2023-08-21 Date de sortie: 2023-08-21

NAME(S) OF HOUSEHOLD HEAD: null
FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE:
Nyamyumba/Kigomwa**FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503Y8K-X191314 - 2023-08-21 Patient ID: 20503Y8K-X**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2023-08-21	Consultation médicale malade (non référé)	10/8/2023	1.00	4658.00	4658.00	0.00	4658.00
						4658.00	0.00	4658.00
		HOSPITALISATION						
1	2023-08-21	Hospitalisation salle commune/ Jour	11/8/2023	1.00	1380.00	1380.00	0.00	1380.00
2	2023-08-21	Visite par le médecin généraliste en hospitalisation	11/8/2023	1.00	862.50	862.50	0.00	862.50
3	2023-08-21	Hospitalisation salle commune/ Jour	12/8/2023	1.00	1380.00	1380.00	0.00	1380.00
4	2023-08-21	Visite par le médecin généraliste en hospitalisation	12/8/2023	1.00	862.50	862.50	0.00	862.50
5	2023-08-21	Hospitalisation salle commune/ Jour	13/8/2023	1.00	1380.00	1380.00	0.00	1380.00
6	2023-08-21	Visite par le médecin généraliste en hospitalisation	13/8/2023	1.00	862.50	862.50	0.00	862.50
7	2023-08-21	Hospitalisation salle commune/ Jour	14/8/2023	1.00	1380.00	1380.00	0.00	1380.00
8	2023-08-21	Visite par le médecin généraliste en hospitalisation	14/8/2023	1.00	862.50	862.50	0.00	862.50
						8970.00	0.00	8970.00
		LABORATOIRE						
1	2023-08-21	Hemogramme complet (NFS, Hb, HTe, GR, GB, MGV, plaquettes, CCMH, TCMH)	10/8/2023	1.00	4313.00	4313.00	0.00	4313.00
2	2023-08-21	SGOT	10/8/2023	1.00	3154.00	3154.00	0.00	3154.00
3	2023-08-21	SGPT	10/8/2023	1.00	3154.00	3154.00	0.00	3154.00
4	2023-08-21	Uree	10/8/2023	1.00	3882.00	3882.00	0.00	3882.00
5	2023-08-21	Cl-	10/8/2023	1.00	4313.00	4313.00	0.00	4313.00
6	2023-08-21	K+	10/8/2023	1.00	4313.00	4313.00	0.00	4313.00
7	2023-08-21	Na+	10/8/2023	1.00	4313.00	4313.00	0.00	4313.00
8	2023-08-21	Creatinine	10/8/2023	1.00	3881.25	3881.25	0.00	3881.25
9	2023-08-21	Glycémie	10/8/2023	1.00	3494.00	3494.00	0.00	3494.00
10	2023-08-21	Groupage A.O.B rhesus	10/8/2023	1.00	1455.00	1455.00	0.00	1455.00
						36272.25	0.00	36272.25
		CONSOMMABLES						

1	2023-08-21	Emballage médicament en plastic	10/8/2023	2.00	7.00	14.00	0.00	14.00
2	2023-08-21	Trousse ordinaire	10/8/2023	1.00	245.00	245.00	0.00	245.00
3	2023-08-21	Seringue 10ml +aiguille	10/8/2023	2.00	101.00	202.00	0.00	202.00
4	2023-08-21	Catheter iv G16	10/8/2023	2.00	367.00	734.00	0.00	734.00
5	2023-08-21	Gant d'examen non stérile N° 7,5	10/8/2023	10.00	58.00	580.00	0.00	580.00
6	2023-08-21	Gant d'examen non stérile N° 7,5	12/8/2023	10.00	58.00	580.00	0.00	580.00
						2355.00	0.00	2355.00
		MEDICAMENTS						
1	2023-08-21	Diclofenac injection	10/8/2023	2.00	59.00	118.00	0.00	118.00
2	2023-08-21	Tramadol 50 mg tab	10/8/2023	10.00	36.00	360.00	0.00	360.00
3	2023-08-21	Sodium Chloride (Normale saline) 0.9 500 ml	10/8/2023	2.00	729.00	1458.00	0.00	1458.00
4	2023-08-21	Paracetamol 500 mg tab	10/8/2023	15.00	16.00	240.00	0.00	240.00
5	2023-08-21	Pommade camphre 10% 50 gr	12/8/2023	1.00	625.00	625.00	0.00	625.00
						2801.00	0.00	2801.00
		IMAGING						
1	2023-08-21	Epaule (F et P)	10/8/2023	1.00	9419.00	9419.00	0.00	9419.00
2	2023-08-21	Radio du Crane F et P	10/8/2023	1.00	4485.00	4485.00	0.00	4485.00
3	2023-08-21	Radiographie du rachis (cervical,dorsal,lombaire)	10/8/2023	1.00	7849.00	7849.00	0.00	7849.00
						21753.00	0.00	21753.00
		ACTS						
1	2023-08-21	Pose perfusion/transfusion	10/8/2023	1.00	414.00	414.00	0.00	414.00
2	2023-08-21	Injection IM	10/8/2023	1.00	311.00	311.00	0.00	311.00
3	2023-08-21	Kiné A0	12/8/2023	1.00	3105.00	3105.00	0.00	3105.00
4	2023-08-21	Simple (Manuelle/ cervicale)	12/8/2023	1.00	3105.00	3105.00	0.00	3105.00
5	2023-08-21	TENS	12/8/2023	1.00	3105.00	3105.00	0.00	3105.00
6	2023-08-21	Exercises thérapeutiques	12/8/2023	1.00	2070.00	2070.00	0.00	2070.00
7	2023-08-21	Complexe/ Lombarie	12/8/2023	1.00	4140.00	4140.00	0.00	4140.00
						16250.00	0.00	16250.00
						93059.25	0.00	93059.25

Generated by:
David NSHIMIYIMANA

Discharge by (Doctor):
Jean Marie UWURUKUNDO

Beneficiary
Names/Signature:

Insurance's Staff:







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HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:
Site:
Title:
ID:
EID:
Phone:

Age:
Sex:
Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
10/08/2023	NYAMINARA fils	Remera	

HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED

1199180110883041 eligible 2023-2024
2050348K-X Arch: 07032/2023

CHRU 027101/2023



HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:
Site:
Title:
ID:
EID:
Phone:

Age:
Sex:
Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
10/08/2023	NYAMINAZA fis	Demora	



1199180110883041 eligible 2023-2024.
2050348K-X Aich-07032/2023

REPUBLIC OF RWANDA



MINISTRY OF HEALTH
RUTONGO HOSPITAL

DISCHARGE SUMMARY

Patient names: MARTIANA Aphon Age: 39 Sex: M ID: 2010348K-X
Date of admission: _____ Ward: Surgery Date of discharge: 14/8/2023
Ward: Surgery Physician: Vanessa
Destination: Home Contact: _____
Reason for admission: Injured
Significant findings including investigations: _____

Treatments and Procedures performed: _____

Discharge Diagnosis: Mild TB / shoulder dislocation

Patient's condition at discharge: Stable

Discharge instructions including medications or other treatments and health education provided:

Immobilization of R shoulder

Follow-up instructions: _____

List of discharge medication:

Drug	Dosage	Frequency	Ending date	Instructions

Physician Name & signature: _____

Date and time: 14/08/2023



Rutongo mix

7

RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/20503X47-Y

Beneficiary Names: DANIEL ruhezamihigo DOB: 1981-01-01

Ambulant: Non

Sex: M

Date d'entree: 2023-07-15 Date de sortie: 2023-07-31

NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Nyamyumba/Kigomwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503X47-Y187721 - 2023-07-15 Patient ID: 20503X47-Y

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSOMMABLES								
1	2023-07-17	Alcool denature		2.00	50.00	100.00	0.00	100.00
						100.00	0.00	100.00
AUTRES								
1	2023-07-17	Repos Medicale		1.00	500.00	500.00	0.00	500.00
						500.00	0.00	500.00
						600.00	0.00	600.00

Generated by: David NSHIMIYIMANA

Discharge by (Doctor): Vanessa Imelda MUGEMANYI

Beneficiary Names/Signature:

Insurance's Staff:

[Signature]



[Signature]

.....



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: MUTUELLE (90%)/1198180157580197

Beneficiary Names: DANIEL ruhezamihigo DOB: 1981-01-01

Ambulant: Non

Sex: M

Date d'entree: 2023-07-15 Date de sortie: 2023-07-31

NAME(S) OF HOUSEHOLD HEAD: DANIEL ruhezamihigo FAMILY'S/AFFILIATION CODE:: 1198180157580197

CATEGORY: 3

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Nyamyumba/Kigomwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1198180157580197187722 - 2023-07-15 Patient ID: 20503X47-Y

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
CONSULTATION								
1	2023-07-17	Consultation médecin généraliste (référé): tous les jours		1.00	1080.00	1080.00	972.00	108.00
						1080.00	972.00	108.00
MEDICAMENTS								
1	2023-07-17	Diclofenac Suppository 100 mg	2x1suppo/jr //5jrs	10.00	72.00	720.00	648.00	72.00
						720.00	648.00	72.00
IMAGING								
1	2023-07-17	Poumon F		1.00	1950.00	1950.00	1755.00	195.00
						1950.00	1755.00	195.00
						3750.00	3375.00	375.00

Generated by: David NSHIMIYIMANA

Discharge by (Doctor): Vanessa Imelda MUGEMANYI

Beneficiary Names/Signature:

Insurance's Staff:

[Signature]



[Signature]

Not discharged Rutongo mines

TRINITY METALS
RUTONGO MINES

20503X47-Y

1198180157580197

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: RUBEZAMI AIGO Daniel

Age: 43

Site: NYAMUMBA

Sex: MASC


Title: Team leader

Insurance N°: Mutuel + sante

ID: 1198180157580197

EID: 1000488

Phone: 0782006156

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
15/07/2023	BAZIMAZIKI J-claude 	REMERA Ho. Fitas	-

Stamp
HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED



UTONGO HOSPITAL

P.O. BOX 1395 KIGALI

utongohospital@moh.gov.rw

Rulindo

DISEASE TYPE: Natural Disease

Card: MUTUELLE (90%)/1198680128230096

Beneficiary Names: MODESTE DOB: 1986-01-01 HABIMANA

Ambulant: Non

Sex: M

Date d'entree: 2023-05-20 Date de sortie: 2023-05-22

NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: MWUMVANEZA

CATEGORY: 2

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Shengampuli/Amataba

FACTURE DES PRESTATIONS DE SOINS DE SANTE #198680128230096181478 - 2023-05-20 Patient ID: 2820111M-F

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
CONSULTATION								
1	2023-05-20	Consultation médecin généraliste (référé): tous les jours		1.00	1080.00	1080.00	972.00	108.00
						1080.00	972.00	108.00
CONSOMMABLES								
1	2023-05-20	Emballage médicament en plastic		1.00	7.00	7.00	6.30	0.70
2	2023-05-20	Bande elastique 10x4		1.00	459.00	459.00	413.10	45.90
						466.00	419.40	46.60
MEDICAMENTS								
1	2023-05-20	Thiamine 100 mg tab	3x1ces//5 jrs	15.00	19.00	285.00	256.50	28.50
2	2023-05-20	Paracetamol 500 mg tab	3x1ces//5 jrs	15.00	16.00	240.00	216.00	24.00
						525.00	472.50	52.50
IMAGING								
1	2023-05-20	Epaule (F et P)		1.00	2730.00	2730.00	2457.00	273.00
						2730.00	2457.00	273.00
ACTS								
1	2023-05-20	Réduction luxation		1.00	1800.00	1800.00	1620.00	180.00
						1800.00	1620.00	180.00
						6601.00	5940.90	660.10

Generated by: David MSHIMAYIMANA

[Signature]

Discharge by (Doctor): UFITINEMA Pacifique

[Stamp: DR. UFITINEMA PACIFIQUE, TEL: 078230096, HUTONGO HOSPITAL]

Beneficiary Names/Signature:

[Signature]

Insurance's Staff:

.....



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: MUTUELLE (90%)/1198680128230096

Beneficiary Names: MODESTE DOB: 1986-01-01 HABIMANA

Ambulant: Qui

Sex: M

Date d'entree: 2023-05-22 Date de sortie: 2023-05-23

NAME(S) OF HOUSEHOLD HEAD: MWUMVANEZA

FAMILY'S/AFFILIATION CODE:: 1195980047017048

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Shengampuli/Amataba

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1198680128230096181662 - 2023-05-22 Patient ID: 2820111M-F

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
		CONSOMMABLES						
1	2023-05-22	Gant d'examen non stérile N° 7,5	actes	4.00	58.00	232.00	208.80	23.20
2	2023-05-22	Bande JERSEY 10Cm*25m	echarpe	2.00	423.00	846.00	761.40	84.60
						1078.00	970.20	107.80
		IMAGING						
1	2023-05-22	Epaule (F et P)	control	1.00	2730.00	2730.00	2457.00	273.00
						2730.00	2457.00	273.00
		ACTS						
1	2023-05-22	Réduction luxation	shoulder	1.00	1800.00	1800.00	1620.00	180.00
2	2023-05-22	Kiné A0		1.00	900.00	900.00	810.00	90.00
						2700.00	2430.00	270.00
						6508.00	5857.20	650.80

Generated by: David NSHIMIMANA

Discharge by (Doctor): UFITINEMA Pacifique

Beneficiary Names/Signature:

Insurance's Staff:

[Handwritten Signature]




[Handwritten Signature]

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:
Site:
Title:
ID:
EID:
Phone:

Age:
Sex:
Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
	JABO 	Remera Hospital	

HEALTH & SAFETY
Department
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LIMITED



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural
Disease

Card: NONE/20502UPA-7

Beneficiary Names: VINCENT DOB: 1997-01-01
NSENGIYUMVA

Ambulant: Non

Sex: M

Date d'entree: 2023-05-31 Date de sortie: 2023-06-01

NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION
null

CATEGORY: 0

PHONE NO: 0787453874

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE:
Shengampuli/Umutagata**FACTURE DES PRESTATIONS DE SOINS DE SANTE #20502UPA-7182688 - 2023-05-31 Patient ID: 20502UPA-7**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2023-05-31	Consultation médecin généraliste (référé): tous les jours		1.00	3726.00	3726.00	0.00	3726.00
						3726.00	0.00	3726.00
		LABORATOIRE						
1	2023-05-31	Hemogramme complet (NFS, Hb, HTe, GR, GB, MGV, plaquettes, CCMH, TCMH)		1.00	4313.00	4313.00	0.00	4313.00
2	2023-05-31	Creatinine		1.00	3881.25	3881.25	0.00	3881.25
3	2023-05-31	Uree		1.00	3882.00	3882.00	0.00	3882.00
4	2023-05-31	ASLO		1.00	1579.00	1579.00	0.00	1579.00
						13655.25	0.00	13655.25
		CONSOMMABLES						
1	2023-05-31	Emballage médicament en plastic	brufen	1.00	7.00	7.00	0.00	7.00
2	2023-05-31	Gant d'examen non stérile N° 7,5	acte medicale	6.00	58.00	348.00	0.00	348.00
3	2023-05-31	Seringue 10ml +aiguille	injection	1.00	86.00	86.00	0.00	86.00
4	2023-05-31	Alcool denature		1.00	50.00	50.00	0.00	50.00
5	2023-05-31	Compresse (gauze)		1.00	300.00	300.00	0.00	300.00
6	2023-05-31	Materiel de laboratoire		1.00	200.00	200.00	0.00	200.00
7	2023-05-31	Sparadrap perfore		1.00	100.00	100.00	0.00	100.00
						1091.00	0.00	1091.00
		MEDICAMENTS						
1	2023-05-31	Diclofenac injection	75mg start	1.00	59.00	59.00	0.00	59.00
2	2023-05-31	Ibuprofene 400 mg tab	2x400mg/j/5 j	10.00	20.00	200.00	0.00	200.00
3	2023-05-31	Pommade camphre 10% 50 gr	3x1 app/j	1.00	580.00	580.00	0.00	580.00
						839.00	0.00	839.00
		IMAGING						
1	2023-05-31	Femur (F et P)		1.00	9419.00	9419.00	0.00	9419.00
2	2023-05-31	Echographie abdominale		1.00	7245.00	7245.00	0.00	7245.00
						16664.00	0.00	16664.00
						35975.25	0.00	35975.25

Generated by:
brigitte icyimpaye



Discharge by (Doctor):
Jean Marie UWURUKUNDO




Beneficiary
Names/Signature:



Insurance's Staff:

.....

Not paid

20502UPA-7

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:

Age:

Site:

Sex:

Title:

Insurance N^o:

ID:

EID:

Phone:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp

Stamp
HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED



RUTONGO MINES

07/2023

RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/20503MWP-J Beneficiary Names: JEAN DE DIEU SHEMA DOB: 1999-12-31 Ambulant: Non
 Sex: M Date d'entree: 2023-04-22 Date de sortie: 2023-04-30
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: null
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MURAMBI CELL/VILLAGE: Mvuzo/Iraro
 Province/Amajyaruguru

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503MWP-J178116 - 2023-04-22 Patient ID: 20503MWP-J

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2023-04-22	consultation d'un médecin généraliste (non référé)/nuit, week end et jours fériés		1.00	5175.00	5175.00	0.00	5175.00
						5175.00	0.00	5175.00
		CONSOMMABLES						
1	2023-04-22	Alcool denature		1.00	50.00	50.00	0.00	50.00
2	2023-04-22	Compresse (gauze)		1.00	300.00	300.00	0.00	300.00
3	2023-04-22	Emballage médicament en plastic	for drugs package	2.00	7.00	14.00	0.00	14.00
4	2023-04-22	Gant d'examen non stérile N° 7,5	for wound assessment	10.00	62.00	620.00	0.00	620.00
5	2023-04-22	Gant sterile n0 7.5	for sterile procedure	1.00	208.00	208.00	0.00	208.00
6	2023-04-22	Sparadrap perfore		1.00	100.00	100.00	0.00	100.00
7	2023-04-22	Bistouri (Surgical blade) no 22	for removing hair	1.00	48.00	48.00	0.00	48.00
8	2023-04-22	Seringue 10ml +aiguille	for lidocaine	2.00	86.00	172.00	0.00	172.00
9	2023-04-22	Pogal 2-0 (polyglactin)	for suturing	1.00	1984.00	1984.00	0.00	1984.00
						3496.00	0.00	3496.00
		MEDICAMENTS						
1	2023-04-22	Ibuprofene 400 mg tab	400mg tid	14.00	20.00	280.00	0.00	280.00
2	2023-04-22	Amoxicilline 500 mg tab	500mg tid	15.00	55.00	825.00	0.00	825.00
3	2023-04-22	Lidocaine 2% 20ML	for suture	1.00	1735.00	1735.00	0.00	1735.00
						2840.00	0.00	2840.00
		ACTS						
1	2023-04-22	suture profonde ou multiple		1.00	8280.00	8280.00	0.00	8280.00
2	2023-04-22	Injection SC	for lidocaine	1.00	311.00	311.00	0.00	311.00
						8591.00	0.00	8591.00
		AUTRES						
1	2023-04-24	Expertise Médicale		1.00	7360.00	7360.00	0.00	7360.00
						7360.00	0.00	7360.00
						27462.00	0.00	27462.00

Generated by:
David NSHINLIWA

Discharge by (Doctor):
UFITINEMA Pacifique

Beneficiary
Names/Signature:

Insurance's Staff:

.....

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:
Site:
Title:
ID:
EID:
Phone:

Age:
Sex:
Insurance N^o:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp

RUTONGO MINES Limited
P.O.Box 6132 KIGALI-RWANDA



RUTONGO MINES

RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

2

DISEASE TYPE: Natural Disease

Card: NONE/20503MWU-F

Beneficiary Names: JEAN NEPOMUSCENE UWIZEYIMANA

DOB: 1990-01-01

Ambulant: Non

Sex: M

Date d'entree: 2023-04-22

Date de sortie: 2023-04-28

NAME(S) OF HOUSEHOLD HEAD: null

FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Nyamyumba/Kigomwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503MWU-F178115 - 2023-04-22 Patient ID: 20503MWU-F

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2023-04-22	consultation d'un médecin généraliste (non référé)/nuit, week end et jours fériés		1.00	5175.00	5175.00	0.00	5175.00
						5175.00	0.00	5175.00
		CONSOMMABLES						
1	2023-04-22	Alcool denature		1.00	50.00	50.00	0.00	50.00
2	2023-04-22	Emballage médicament en plastic	for drugs package	2.00	7.00	14.00	0.00	14.00
3	2023-04-22	Gant d'examen non stérile N° 7,5	for assessment	4.00	62.00	248.00	0.00	248.00
4	2023-04-24	Gant d'examen non stérile N° 7,5	actes	6.00	62.00	372.00	0.00	372.00
5	2023-04-24	Bistouri (Surgical blade) no 22		1.00	48.00	48.00	0.00	48.00
6	2023-04-24	Bande Platrie 15x3	immob	6.00	691.00	4146.00	0.00	4146.00
7	2023-04-24	Bande JERSEY 10Cm*25m		1.00	423.00	423.00	0.00	423.00
8	2023-04-24	Bande elastique 10x4	strapping	1.00	459.00	459.00	0.00	459.00
9	2023-04-24	Cotton (Ouate)		5.00	200.00	1000.00	0.00	1000.00
						6760.00	0.00	6760.00
		MEDICAMENTS						
1	2023-04-22	Paracetamol 500 mg tab	500mg tid	15.00	16.00	240.00	0.00	240.00
2	2023-04-22	Ibuprofene 400 mg tab	400mg tid	15.00	20.00	300.00	0.00	300.00
						540.00	0.00	540.00
		IMAGING						
1	2023-04-24	Avant-bras (F et P)		1.00	6728.00	6728.00	0.00	6728.00
						6728.00	0.00	6728.00
		ACTS						
1	2023-04-24	Traction de fractures	ulna #	1.00	13390.31	13390.31	0.00	13390.31
2	2023-04-24	Botte Plâtrée	short arm cast	1.00	5175.00	5175.00	0.00	5175.00
3	2023-04-24	Kiné A0		1.00	3105.00	3105.00	0.00	3105.00
						21670.31	0.00	21670.31
		AUTRES						
1	2023-04-24	Expertise Médicale		1.00	7360.00	7360.00	0.00	7360.00
						7360.00	0.00	7360.00
						48233.31	0.00	48233.31

Generated by:
Brigitte icyimpaye



Discharge by (Doctor):
Elesie Claire Umutesi



Beneficiary
Names/Signature:

[Handwritten signature]

Insurance's Staff:

.....

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:

Age:

Site:

Sex:

Title:

Insurance N°:

ID:

EID:

Phone:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp

RUTONGO MINES Limited
P.O.Box 6132 KIGALI-RWANDA



3

RUTONGO Mines

RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/20503159-F Beneficiary Names: Boniface KAREMANGINGO DOB: 1972-11-09 Ambulant: Qui
 Sex: M Date d'entree: 2023-04-15 Date de sortie: 2023-05-25
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: null
 PROVINCE: Northern DISTRICT: Musanze SECTOR: Cyuve CELL/VILLAGE: Bukinanyana/Rugeshi

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503159-F177453 - 2023-04-15 Patient ID: 20503159-F

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2023-04-22	consultation d'un médecin généraliste (non référé)/nuit, week end et jours fériés		1.00	5175.00	5175.00	0.00	5175.00
						5175.00	0.00	5175.00
		CONSOMMABLES						
1	2023-04-15	Cotton (Ouate)		1.00	200.00	200.00	0.00	200.00
2	2023-04-15	Alcool denature		1.00	50.00	50.00	0.00	50.00
3	2023-04-15	Materiel de laboratoire		1.00	200.00	200.00	0.00	200.00
4	2023-04-22	Alcool denature		1.00	50.00	50.00	0.00	50.00
5	2023-04-22	Compresse (gauze)		1.00	300.00	300.00	0.00	300.00
6	2023-04-22	Sparadrap perfore		1.00	100.00	100.00	0.00	100.00
7	2023-04-22	Gant sterile n0 7.5	for sterile procedure	1.00	208.00	208.00	0.00	208.00
8	2023-04-22	Seringue 10ml +aiguille	for lidocaine	2.00	86.00	172.00	0.00	172.00
9	2023-04-22	Gant d'examen non stérile N° 7,5	for wound assessment	10.00	62.00	620.00	0.00	620.00
10	2023-04-22	Pogal 2-0 (polyglactin)	for suture	2.00	1984.00	3968.00	0.00	3968.00
						5868.00	0.00	5868.00
		MEDICAMENTS						
1	2023-04-22	Amoxicilline 500 mg tab	3x1ces//7 jrs	21.00	55.00	1155.00	0.00	1155.00
2	2023-04-22	Ibuprofene 400 mg tab	2x1co/j//5j	10.00	20.00	200.00	0.00	200.00
3	2023-04-22	Lidocaine 2% 20ML		1.00	1735.00	1735.00	0.00	1735.00
						3090.00	0.00	3090.00
		ACTS						
1	2023-04-22	Parage chirurgicale		1.00	10063.00	10063.00	0.00	10063.00
2	2023-04-22	Injection SC	for lidocaine	1.00	311.00	311.00	0.00	311.00
						10374.00	0.00	10374.00
		AUTRES						
1	2023-04-24	Expertise Médicale		1.00	7360.00	7360.00	0.00	7360.00
						7360.00	0.00	7360.00
						31867.00	0.00	31867.00

Generated by:
brigitte icyimaye



Discharge by (Doctor):
UFITINEMA Pacifica



Beneficiary
Names/Signature:

.....

Insurance's Staff:

.....



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Other

Card: NONE/20503159-F

Beneficiary Names:
Boniface KAREMANGINGO

DOB: 1972-11-09

Ambulant: Non

Sex: M

Date d'entree: 2022-05-11 Date de sortie: 2022-05-13

NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION
CODE::

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Musanze

SECTOR: Cyuve

CELL/VILLAGE:
Bukinanyana/Rugeshi**FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503159-F143447 - 2022-05-11 Patient ID: 20503159-F**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSULTATION						
1	2022-05-11	SIGNES VITAUX(VITAL SIGNS)		1.00	200.00	200.00	0.00	200.00
2	2022-05-12	SIGNES VITAUX(VITAL SIGNS)		1.00	200.00	200.00	0.00	200.00
3	2022-05-13	SIGNES VITAUX(VITAL SIGNS)		1.00	200.00	200.00	0.00	200.00
						600.00	0.00	600.00
		LABORATOIRE						
1	2022-05-11	Prelevement du sang		1.00	200.00	200.00	0.00	200.00
						200.00	0.00	200.00
		CONSOMMABLES						
1	2022-05-11	ALCOOL DENATURE 96%/ ML		15.00	10.00	150.00	0.00	150.00
2	2022-05-11	Cotton hydrophile (OUATE)		10.00	50.00	500.00	0.00	500.00
3	2022-05-11	Chlorhexedine1.5% / ML		15.00	10.00	150.00	0.00	150.00
4	2022-05-11	Sparadrap perfore/ cm		18.00	10.00	180.00	0.00	180.00
5	2022-05-11	Materiels de laboratoire		1.00	900.00	900.00	0.00	900.00
6	2022-05-11	COMPRESSE (GAUZE ROLL)		15.00	50.00	750.00	0.00	750.00
7	2022-05-11	ALCOOL DENATURE 96%/ ML		10.00	10.00	100.00	0.00	100.00
8	2022-05-11	Cotton hydrophile (OUATE)		4.00	50.00	200.00	0.00	200.00
9	2022-05-11	Gant d'examen non stérile N° 7,5		4.00	64.00	256.00	0.00	256.00
10	2022-05-12	ALCOOL DENATURE 96%/ ML		10.00	10.00	100.00	0.00	100.00
11	2022-05-12	COMPRESSE (GAUZE ROLL)		15.00	50.00	750.00	0.00	750.00
12	2022-05-12	Cotton hydrophile (OUATE)		2.00	50.00	100.00	0.00	100.00
13	2022-05-12	Sparadrap perfore/ cm		30.00	10.00	300.00	0.00	300.00
14	2022-05-13	ALCOOL DENATURE 96%/ ML		20.00	10.00	200.00	0.00	200.00
15	2022-05-13	COMPRESSE (GAUZE ROLL)		15.00	50.00	750.00	0.00	750.00
16	2022-05-13	Sparadrap perfore/ cm		30.00	10.00	300.00	0.00	300.00
						5686.00	0.00	5686.00
		ACTS						
1	2022-05-11	Bed making		1.00	50.00	50.00	0.00	50.00
2	2022-05-12	Bed making		1.00	50.00	50.00	0.00	50.00

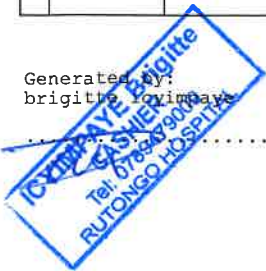
3	2022-05-12	Bed bath		1.00	100.00	100.00	0.00	100.00
4	2022-05-13	Bed bath		1.00	100.00	100.00	0.00	100.00
5	2022-05-13	Bed making		1.00	50.00	50.00	0.00	50.00
						350.00	0.00	350.00
		AUTRES						
1	2022-05-11	IMPRIMEE		1.00	200.00	200.00	0.00	200.00
2	2022-05-11	Dossier Médical		1.00	552.00	552.00	0.00	552.00
3	2022-05-12	IMPRIMEE		1.00	200.00	200.00	0.00	200.00
4	2022-05-13	IMPRIMEE		2.00	200.00	400.00	0.00	400.00
5	2022-05-13	IMPRIMEE		1.00	200.00	200.00	0.00	200.00
6	2022-05-13	IMPRIMEE		1.00	200.00	200.00	0.00	200.00
7	2022-05-13	Expertise Médicale		1.00	4000.00	4000.00	0.00	4000.00
						5752.00	0.00	5752.00
						12588.00	0.00	12588.00

Generated by:
brigitte boyimaya

Discharge by (Doctor):
Dr Arthur SUMALI

Beneficiary
Names/Signature:

Insurance's Staff:



[Handwritten signature]

20503159-F

0057644-00

EXIT TICKET FOR TREATMENT

Names:

Age:

Site:

Sex:

Title:

Insurance N^o:

ID:

EID:

Phone:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp

RUTONGO MINES Limited
P.O.Box 6132 KIGALI-RWANDA



RUTONGO MINES

RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

4

DISEASE TYPE: Natural Disease

Ambulant: Non

Card: NONE/2050359U-2

Beneficiary Names: FAUSTIN DOB: 1980-01-01
HAKIZIMANA

Sex: M

Date d'entree: 2023-04-22 Date de sortie: 2023-04-24

NAME(S) OF HOUSEHOLD HEAD: null
FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Kabuga/Karambi

FACTURE DES PRESTATIONS DE SOINS DE SANTE #2050359U-2178102 - 2023-04-22 Patient ID: 2050359U-2

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2023-04-22	Alcool denature		1.00	50.00	50.00	0.00	50.00
2	2023-04-22	Compresse (gauze)		1.00	300.00	300.00	0.00	300.00
3	2023-04-22	Sparadrap perfore		1.00	100.00	100.00	0.00	100.00
4	2023-04-22	Materiel de laboratoire		1.00	200.00	200.00	0.00	200.00
5	2023-04-24	Alcool denature		2.00	50.00	100.00	0.00	100.00
						750.00	0.00	750.00
						750.00	0.00	750.00

Generated by:
brigitte icyimpaye

Discharge by (Doctor):
Jean Marie UWURUKUNDO

Beneficiary
Names/Signature:

Insurance's Staff:



[Handwritten signature]



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/2050359U-2

Beneficiary Names: FAUSTIN DOB: 1980-01-01
HAKIZIMANA

Ambulant: Non

Sex: M

Date d'entree: 2023-04-22 Date de sortie: 2023-04-24

NAME(S) OF HOUSEHOLD HEAD: null
FAMILY'S/AFFILIATION CODE:: null

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE:
Kabuga/Karambi

FACTURE DES PRESTATIONS DE SOINS DE SANTE #2050359U-2178102 - 2023-04-22 Patient ID: 2050359U-2

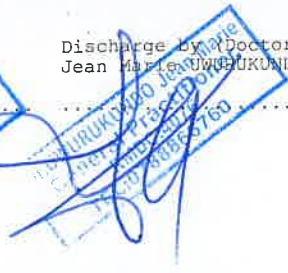
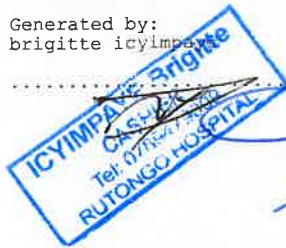
#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2023-04-22	Alcool denature		1.00	50.00	50.00	0.00	50.00
2	2023-04-22	Compresse (gauze)		1.00	300.00	300.00	0.00	300.00
3	2023-04-22	Sparadrap perfore		1.00	100.00	100.00	0.00	100.00
4	2023-04-22	Materiel de laboratoire		1.00	200.00	200.00	0.00	200.00
5	2023-04-24	Alcool denature		2.00	50.00	100.00	0.00	100.00
						750.00	0.00	750.00
						750.00	0.00	750.00

Generated by:
brigitte icyimpane

Discharge by (Doctor):
Jean Marie UWURUKUNDO

Beneficiary
Names/Signature:

Insurance's Staff:



[Handwritten signature]

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names:

Age:

Site:

Sex:

Title:

Insurance N°:

ID:

EID:

Phone:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp

RUTONGO MINES Limited
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