

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT : RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD INVOICE NO: :12/RUTHOSP/2025
TIN :101515092

T O T A L B I L L

RUTONGO MINES LIMITED has to pay

to RUTONGO HOSPITAL the sum of

(In figures) :

624,899

Six hundred twenty four thousand eight hundred eighty nine rwandan francs

For all medical care given to its different patient

JUNE,2025

This amount will be put into account number 100001019885 Hopital Rutongo Fonctionnement

At bank of kigali (BK)



Done at Ngoma 08/06/2025

NTIHABOSE AIME PATRICK

DIRECTOR GENERAL

Amount approved after reconciliation

(In figures) :

(In words):

.....
.....

Date & Signature :

Names

Post:

BLIC OF RWANDA



SOUTHERN PROVINCE
KINYINYI DISTRICT

RUTONGO HOSPITAL

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

emails: info@rutongohospital.gov.rw



INVOICE OF RUTONGO MINES LTD

| No | MOUNTH | NO CARTE | NOM ET PRENOM MALADE | ACTES 100% total | Montant total |
|--------------|---------------------------|------------------|-------------------------|---------------------|------------------|
| | | | | | |
| 2 | 05/02/2025 | 1199080126823049 | SAMUEL RWANGABWOBA | 137346.5 | 137,347 |
| 3 | 07/01/2025 | 1192080204344097 | VINCENT NTEZIRYMANA | 16600 | 16,600 |
| 4 | 01/01/2025- 04/03/2025 | 078707864 | IGNACE NAHIMANA | 177672 | 177,672 |
| 5 | 02/03/2025- 27/05/2025 | 1199480057211004 | MURWANASHYAKA JUSTIN | 107136.8 | 107,137 |
| Total | | | | | 624,899 |

PREPARED BY

NYIRAHABIMANA Marie Grace

RECOVERY OFFICER

RECHECKED BY

KALISA FRANCOIS

D.A.F

APPROUVE PAR:

DR NTHABOSE AIME PATRICK

DG





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

1

DISEASE TYPE: Natural Disease

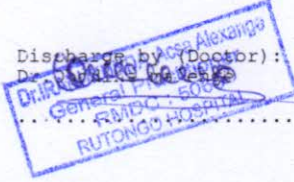
Card: NONE/20503AKK-M Beneficiary Names: HUBERT NYANDWI DOB: 1985-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-04-04 Date de sortie: 2025-04-04
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780319324
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Nyanyumba/Marembo

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503AKK-M263082 - 2025-04-04 Patient ID: 20503AKK-M

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|--|--------|------|---------|-----------------|-------------|-----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-04-04 | 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 | 2025-04-04 | Hemogramme complet (NFS, Hb, HTe, GR, GB, MGV, plaquettes, CCMH, TCMH) | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 2 | 2025-04-04 | SGPT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 3 | 2025-04-04 | SGOT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 4 | 2025-04-04 | V.D.R.L-R.P.R | | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5 | 2025-04-04 | Triglycerides | | 1.00 | 3882.00 | 3882.00 | 0.00 | 3882.00 |
| 6 | 2025-04-04 | Uree | | 1.00 | 3882.00 | 3882.00 | 0.00 | 3882.00 |
| 7 | 2025-04-04 | CRP | | 1.00 | 1579.00 | 1579.00 | 0.00 | 1579.00 |
| 8 | 2025-04-04 | Creatinine | | 1.00 | 3882.00 | 3882.00 | 0.00 | 3882.00 |
| 9 | 2025-04-04 | Bilirubine Directe | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 10 | 2025-04-04 | Bilirubine Totale | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 11 | 2025-04-04 | Arthritest(rhumatoid factor) | | 1.00 | 1579.00 | 1579.00 | 0.00 | 1579.00 |
| 12 | 2025-04-04 | Gamma GT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 13 | 2025-04-04 | Glycémie | | 1.00 | 3494.00 | 3494.00 | 0.00 | 3494.00 |
| 14 | 2025-04-04 | Proteines totales | | 1.00 | 3640.00 | 3640.00 | 0.00 | 3640.00 |
| 15 | 2025-04-04 | Hepatite C | | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16 | 2025-04-04 | Hepatite B | | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | 42021.00 | 0.00 | 42021.00 |
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-04-04 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-04-04 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 3 | 2025-04-04 | Emballage médicament en plastic | | 3.00 | 4.00 | 12.00 | 0.00 | 12.00 |
| | | | | | | 812.00 | 0.00 | 812.00 |
| MEDICAMENTS | | | | | | | | |

| | | | | | | | | |
|---|------------|-------------------------|------------------------|-------|--------|----------|------|----------|
| 1 | 2025-04-04 | Augmentin 625 mg tab | 3x1ces//7 jrs | 21.00 | 266.00 | 5586.00 | 0.00 | 5586.00 |
| 2 | 2025-04-04 | Thiamine 100 mg tab | 3x1ces//10 jrs | 30.00 | 18.00 | 540.00 | 0.00 | 540.00 |
| 3 | 2025-04-04 | Amitriptyline 25 mg tab | 1x1ces le soir//10 jrs | 10.00 | 6.00 | 60.00 | 0.00 | 60.00 |
| | | | | | | 6186.00 | 0.00 | 6186.00 |
| | | AUTRES | | | | | | |
| 1 | 2025-04-04 | Transfer externe | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| | | | | | | 200.00 | 0.00 | 200.00 |
| | | | | | | 52945.00 | 0.00 | 52945.00 |

Generated by:
Alexis UWUMUREMYI



Beneficiary
Names/Signature:

Insurance's Staff:

.....
[Handwritten signature]

.....
[Handwritten signature]

.....



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Work Accident

Card: NONE/20503AKK-M

Beneficiary Names: HUBERT NYANDWI DOB: 1985-01-01

Ambulant: Qui

Sex: M

Date d'entree: 2025-03-02 Date de sortie: 2025-03-04

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

CATEGORY: 0

PHONE NO: 0780319324

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE: Nyamyumba/Marembo

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503AKK-M258523 - 2025-03-02 Patient ID: 20503AKK-M

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|------------------------|------------|---|------------------------------|-------|---------|-----------------|-------------|-----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-03-02 | Consultation médecin généraliste (référé): tous les jours | | 1.00 | 3726.00 | 3726.00 | 0.00 | 3726.00 |
| | | | | | | 3726.00 | 0.00 | 3726.00 |
| HOSPITALISATION | | | | | | | | |
| 1 | 2025-03-03 | Visite par le médecin généraliste en hospitalisation | 03/03/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 2 | 2025-03-03 | Hospitalisation salle commune/ Jour | 02-03/03/2025 | 1.00 | 1380.00 | 1380.00 | 0.00 | 1380.00 |
| 3 | 2025-03-04 | Visite par le médecin généraliste en hospitalisation | 4/3/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 4 | 2025-03-04 | Hospitalisation chambre à un lit avec toilette à l'interieur | 3-4/3/2025 | 1.00 | 8280.00 | 8280.00 | 0.00 | 8280.00 |
| | | | | | | 11385.00 | 0.00 | 11385.00 |
| LABORATOIRE | | | | | | | | |
| 1 | 2025-03-02 | Hemogramme complet (NFS, Hb, HTe, GR, GB, M GV, plaquettes, CCMH, TCMH) | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 2 | 2025-03-02 | Groupe A.B.O rhesus | | 1.00 | 1455.00 | 1455.00 | 0.00 | 1455.00 |
| 3 | 2025-03-02 | SGPT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 4 | 2025-03-02 | SGOT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 5 | 2025-03-02 | Uree | | 1.00 | 3882.00 | 3882.00 | 0.00 | 3882.00 |
| 6 | 2025-03-02 | Creatinine | | 1.00 | 3881.25 | 3881.25 | 0.00 | 3881.25 |
| 7 | 2025-03-02 | Glycémie | | 1.00 | 3494.00 | 3494.00 | 0.00 | 3494.00 |
| 8 | 2025-03-02 | K+ | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 9 | 2025-03-02 | Na+ | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 10 | 2025-03-02 | Cl- | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 11 | 2025-03-02 | Hepatite B | | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | 2025-03-02 | Hepatite C | | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | 36272.25 | 0.00 | 36272.25 |
| AMBULANCE | | | | | | | | |
| 1 | 2025-03-02 | Ambulance par km | FROM MASORO HC TO RUTONGO DH | 28.00 | 920.00 | 25760.00 | 0.00 | 25760.00 |
| | | | | | | 25760.00 | 0.00 | 25760.00 |

| CONSOMMABLES | | | | | | | | |
|--------------|------------|---|--------------------------|-------|---------|-----------------|-------------|-----------------|
| 1 | 2025-03-02 | Gant d'examen non stérile N° 7,5 | | 10.00 | 49.00 | 490.00 | 0.00 | 490.00 |
| 2 | 2025-03-02 | seringue 10ml + needle | | 2.00 | 89.00 | 178.00 | 0.00 | 178.00 |
| 3 | 2025-03-02 | Catheter IV G18 | | 1.00 | 340.00 | 340.00 | 0.00 | 340.00 |
| 4 | 2025-03-02 | Trousse ordinaire | | 1.00 | 251.00 | 251.00 | 0.00 | 251.00 |
| 5 | 2025-03-02 | Alcool denature 100ml | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 6 | 2025-03-02 | Compresse (gauze) | | 12.00 | 50.00 | 600.00 | 0.00 | 600.00 |
| 7 | 2025-03-02 | Sparadrap perfore | | 10.00 | 20.00 | 200.00 | 0.00 | 200.00 |
| 8 | 2025-03-02 | Materiel de laboratoire | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 9 | 2025-03-02 | Consent Form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 10 | 2025-03-02 | IMPRIMERIE (PRINTING) EMERGENCY & MATERNITY | | 2.00 | 600.00 | 1200.00 | 0.00 | 1200.00 |
| 11 | 2025-03-02 | Emballage médicament en plastic | CLOXACILLIN, PCT, BRUFEN | 3.00 | 4.00 | 12.00 | 0.00 | 12.00 |
| 12 | 2025-03-02 | Materiels pour Radiology | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 13 | 2025-03-03 | Alcool denature 100ml | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 14 | 2025-03-03 | Discharge form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 15 | 2025-03-04 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 16 | 2025-03-04 | Signes viteaux | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 17 | 2025-03-04 | Sparadrap perfore | | 20.00 | 20.00 | 400.00 | 0.00 | 400.00 |
| 18 | 2025-03-04 | Alcool denature 100ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 19 | 2025-03-04 | Chlorhexidine+cetrimide 300 ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 20 | 2025-03-04 | Alcool denature 100ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 21 | 2025-03-04 | Chlorhexidine+cetrimide 300 ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 22 | 2025-03-04 | Compresse (gauze) | | 30.00 | 50.00 | 1500.00 | 0.00 | 1500.00 |
| 23 | 2025-03-04 | Gant d'examen non stérile N° 7,5 | nursing care | 10.00 | 49.00 | 490.00 | 0.00 | 490.00 |
| 24 | 2025-03-04 | Gant Sterile n0 7.5 | dressing | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 25 | 2025-03-04 | Discharge form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| | | | | | | 24583.00 | 0.00 | 24583.00 |
| MEDICAMENTS | | | | | | | | |
| 1 | 2025-03-02 | Diclofenac injection | 75MG | 1.00 | 58.00 | 58.00 | 0.00 | 58.00 |
| 2 | 2025-03-02 | Sodium Chloride (Normale saline) 0.9 500 ml | 1l bolus | 2.00 | 662.00 | 1324.00 | 0.00 | 1324.00 |
| 3 | 2025-03-02 | Ibuprofen 400 mg tab | 400 mg tabTID | 15.00 | 18.00 | 270.00 | 0.00 | 270.00 |
| 4 | 2025-03-02 | Paracetamol 500 mg tab | 500 mg tabTID | 15.00 | 16.00 | 240.00 | 0.00 | 240.00 |
| 5 | 2025-03-02 | Cloxacillin 250 mg tab | 500MG TID | 30.00 | 42.00 | 1260.00 | 0.00 | 1260.00 |
| 6 | 2025-03-04 | Sodium Chloride (Normale saline) 0.9 500 ml | SL | 1.00 | 662.00 | 662.00 | 0.00 | 662.00 |
| 7 | 2025-03-04 | Pommade Camphre 10% 50gr | 1 app bid/14d | 2.00 | 936.00 | 1872.00 | 0.00 | 1872.00 |
| | | | | | | 5686.00 | 0.00 | 5686.00 |
| IMAGING | | | | | | | | |
| 1 | 2025-03-03 | Poumon P | | 1.00 | 6728.00 | 6728.00 | 0.00 | 6728.00 |
| 2 | 2025-03-03 | Poumon F | | 1.00 | 6728.00 | 6728.00 | 0.00 | 6728.00 |
| | | | | | | 13456.00 | 0.00 | 13456.00 |

| ACTS | | | | | | | |
|------|------------|-------------------------------|------|---------|------------------|-------------|------------------|
| 1 | 2025-03-04 | Pansement compliqué | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 2 | 2025-03-04 | Strapping (Bandage elastique) | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 3 | 2025-03-02 | Pose perfusion/transfusion | 1.00 | 414.00 | 414.00 | 0.00 | 414.00 |
| | | | | | 6624.00 | 0.00 | 6624.00 |
| | | | | | 127492.25 | 0.00 | 127492.25 |

Generated by:
David NSHIMIYIMANA

Discharge by (Doctor):
Dr ANTOINE GUMAILI

Beneficiary
Names/Signature:

Insurance's Staff:

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

DISEASE TYPE: Work Accident

Card: NONE/20503AKK-M Beneficiary Names: HUBERT NYANDWI DOB: 1985-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-03-05 Date de sortie: 2025-03-05
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780319324
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Nyamyumba/Marembo

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503AKK-M259097 - 2025-03-05 Patient ID: 20503AKK-M

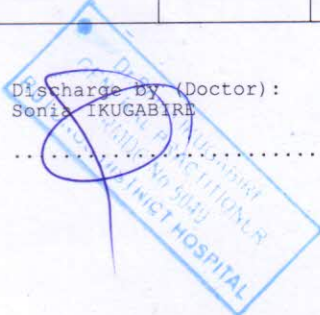
| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---|------------|----------------|--------|------|--------|---------------|-------------|---------------|
| | | AUTRES | | | | | | |
| 1 | 2025-03-05 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 500.00 | 0.00 | 500.00 |
| | | | | | | 500.00 | 0.00 | 500.00 |

Generated by:
 David NSHIMIYIMANA

Discharge By (Doctor):
 Sonia IKUGABIRE

Beneficiary
 Names/Signature:

Insurance's Staff:



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

DISEASE TYPE: Natural Disease

Card: NONE/20503AKK-M Beneficiary Names: HUBERT NYANDWI DOB: 1985-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-03-10 Date de sortie: 2025-03-31
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780319324
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Nyamyumba/Marembo

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503AKK-M259674 - 2025-03-10 Patient ID: 20503AKK-M

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|---|-----------------|-------|---------|----------------|-------------|----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-03-10 | Consultation médecin généraliste (référé): tous les jours | | 1.00 | 3726.00 | 3726.00 | 0.00 | 3726.00 |
| | | | | | | 3726.00 | 0.00 | 3726.00 |
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-03-10 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-03-10 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| | | | | | | 800.00 | 0.00 | 800.00 |
| MEDICAMENTS | | | | | | | | |
| 1 | 2025-03-10 | Ibuprofen 400 mg tab | 2x1ce/jr//5 jrs | 10.00 | 18.00 | 180.00 | 0.00 | 180.00 |
| | | | | | | 180.00 | 0.00 | 180.00 |
| AUTRES | | | | | | | | |
| 1 | 2025-03-10 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 500.00 | 0.00 | 500.00 |
| | | | | | | 5206.00 | 0.00 | 5206.00 |

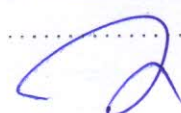
Generated by:
David NSHIMIYIMANA

Discharge by (Doctor):

 DR. ALEX KUNDA
 General Practitioner
 RUTONGO HOSPITAL

Beneficiary
Names/Signature:

Insurance's Staff:



DR. ALEX KUNDA
 General Practitioner
 RUTONGO HOSPITAL

20503AKK-M

EXIT TICKET FOR TREATMENT

Names: NYANDUKI HUBERT

Age: 40

Site: SANZARI

Sex: M

Title: TEAM LEADER

Insurance N^o: PRIVE

ID: 11925 801 277 061

EID: 1000294

Phone: 0780319324

| Left date | Supervisor's Names+sign. | Name of Hospital | Doctor / Nurse's Names+sign.+stamp |
|-------------|---|------------------|------------------------------------|
| 4/4 2025 | Habumuyisa Rutanga H. Emmanuel P.O. [Signature] | | |





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

2

DISEASE TYPE: Professional Disease

Card: NONE/28200P3J-3 Beneficiary Names: SAMUEL RWANGABWOBA DOB: 1990-01-01 Ambulant: Non

Sex: M Date d'entree: 2025-02-05 Date de sortie: 2025-02-25

NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: 0781082599

PROVINCE: Northern Province/Amajyaruguru DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Rugaragara

FACTURE DES PRESTATIONS DE SOINS DE SANTE #28200P3J-3255222 - 2025-02-05 Patient ID: 28200P3J-3

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|----------------------------------|-----------------------|-------|---------|-----------------|-------------|-----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-02-05 | Kiné A0 | | 1.00 | 2587.50 | 2587.50 | 0.00 | 2587.50 |
| 2 | 2025-02-19 | Kiné A0 | | 1.00 | 2587.50 | 2587.50 | 0.00 | 2587.50 |
| | | | | | | 5175.00 | 0.00 | 5175.00 |
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-02-05 | Alcool denature 100ml | /acte | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-02-05 | Emballage médicament en plastic | /acte | 1.00 | 4.00 | 4.00 | 0.00 | 4.00 |
| 3 | 2025-02-05 | Gant d'examen non stérile N° 7,5 | Feb 2025 | 10.00 | 49.00 | 490.00 | 0.00 | 490.00 |
| 4 | 2025-02-19 | Alcool denature 100ml | /acte | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| | | | | | | 894.00 | 0.00 | 894.00 |
| MEDICAMENTS | | | | | | | | |
| 1 | 2025-02-05 | Pommade Camphre 10% 50gr | 2 app/jr | 2.00 | 937.00 | 1874.00 | 0.00 | 1874.00 |
| 2 | 2025-02-05 | Prednisolone 5 mg tab | 1 tab OD / 30 days | 30.00 | 13.00 | 390.00 | 0.00 | 390.00 |
| 3 | 2025-02-05 | Tramadol 50 mg tab | 1 tab t.i.d / 5/7 | 15.00 | 50.00 | 750.00 | 0.00 | 750.00 |
| 4 | 2025-02-05 | Thiamine 100 mg tab | 1 tab b.i.d / 10 days | 20.00 | 18.00 | 360.00 | 0.00 | 360.00 |
| 5 | 2025-02-19 | Diclofenac suppo 100 mg | 1 tab t.i.d / 7 days | 21.00 | 62.00 | 1302.00 | 0.00 | 1302.00 |
| | | | | | | 4676.00 | 0.00 | 4676.00 |
| ACTS | | | | | | | | |
| 1 | 2025-02-05 | TENS | 1 session/ week | 5.00 | 3105.00 | 15525.00 | 0.00 | 15525.00 |
| 2 | 2025-02-05 | Ultra Sons (U.S) | 1 session/ week | 5.00 | 4140.00 | 20700.00 | 0.00 | 20700.00 |
| 3 | 2025-02-05 | Complexe/ Lombaire | 1 session/ week | 5.00 | 4140.00 | 20700.00 | 0.00 | 20700.00 |
| 4 | 2025-02-05 | Dos - Back | 1 session/ week | 5.00 | 2070.00 | 10350.00 | 0.00 | 10350.00 |
| 5 | 2025-02-05 | Exercices thérapeutiques | 1 session/ week | 5.00 | 2070.00 | 10350.00 | 0.00 | 10350.00 |
| 6 | 2025-02-05 | Plus d'une articulation | 1 session/ week | 5.00 | 2070.00 | 10350.00 | 0.00 | 10350.00 |
| | | | | | | 87975.00 | 0.00 | 87975.00 |
| AUTRES | | | | | | | | |
| 1 | 2025-02-19 | Repos Medicale | actes | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 500.00 | 0.00 | 500.00 |
| | | | | | | 99220.00 | 0.00 | 99220.00 |



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

DISEASE TYPE: Natural Disease

Card: NONE/28200P3J-3 Beneficiary Names: SAMUEL RWANGABWOBA DOB: 1990-01-01 Ambulant: Non
 Sex: M Date d'entree: 2025-02-26 Date de sortie: 2025-02-27
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: 0781082599
 PROVINCE: Northern Province/Amajyaruguru DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Rugaragara

FACTURE DES PRESTATIONS DE SOINS DE SANTE #28200P3J-3257876 - 2025-02-26 Patient ID: 28200P3J-3

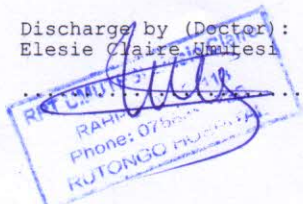
| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|---|-------------------|-------|---------|-----------------|-------------|-----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-02-26 | Kiné A0 | | 1.00 | 2587.50 | 2587.50 | 0.00 | 2587.50 |
| | | | | | | 2587.50 | 0.00 | 2587.50 |
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-02-26 | Emballage médicament en plastic | /acte | 1.00 | 4.00 | 4.00 | 0.00 | 4.00 |
| 2 | 2025-02-26 | Materiels pour Radiology | /acte | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 3 | 2025-02-26 | Gant d'examen non stérile N° 7,5 | /acte | 10.00 | 49.00 | 490.00 | 0.00 | 490.00 |
| 4 | 2025-02-26 | Alcool denature 100ml | /acte | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| | | | | | | 1194.00 | 0.00 | 1194.00 |
| MEDICAMENTS | | | | | | | | |
| 1 | 2025-02-26 | Tramadol 50 mg tab | 1 tab tid 5/7days | 15.00 | 48.00 | 720.00 | 0.00 | 720.00 |
| 2 | 2025-02-26 | Pommade Camphre 10% 50gr | 1 app/jr | 1.00 | 936.00 | 936.00 | 0.00 | 936.00 |
| | | | | | | 1656.00 | 0.00 | 1656.00 |
| IMAGING | | | | | | | | |
| 1 | 2025-02-26 | Radiographie du rachis (cervical,dorsal,lombaire) | control | 1.00 | 7849.00 | 7849.00 | 0.00 | 7849.00 |
| | | | | | | 7849.00 | 0.00 | 7849.00 |
| ACTS | | | | | | | | |
| 1 | 2025-02-26 | Plus d'un membre | 2 sessions/we ek | 2.00 | 3105.00 | 6210.00 | 0.00 | 6210.00 |
| 2 | 2025-02-26 | Plus d'une articulation | 2 sessions/we ek | 2.00 | 2070.00 | 4140.00 | 0.00 | 4140.00 |
| 3 | 2025-02-26 | TENS | 2 sessions/we ek | 2.00 | 3105.00 | 6210.00 | 0.00 | 6210.00 |
| 4 | 2025-02-26 | Cryotherapie/Cryotherapy | 2 sessions/we ek | 2.00 | 2070.00 | 4140.00 | 0.00 | 4140.00 |
| 5 | 2025-02-26 | Exercises thérapeutiques | 2 sessions/we ek | 2.00 | 2070.00 | 4140.00 | 0.00 | 4140.00 |
| | | | | | | 24840.00 | 0.00 | 24840.00 |
| | | | | | | 38126.50 | 0.00 | 38126.50 |

Generated by:
 David NSHIMIYIMANA

Discharge by (Doctor):
 Elesie Claire Nshiresi

Beneficiary
 Names/Signature:

Insurance's Staff:



(Handwritten signature)

(Handwritten signature)

28200P3J-3



HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: RWANGARWORA Samuri
Site: Kaiambo
Title: AP Guard Siteleader
ID: M99080126823049
EID: 1000679
Phone: 078 10 82 599

Age:
Sex: M
Insurance N°:

| Left date | Supervisor's Names+sign. | Name of Hospital | Doctor / Nurse's Names+sign.+stamp |
|----------------------------------|--------------------------------|------------------|------------------------------------|
| <u>1st November 2024</u> | <u>AKAYEZO Mathide</u> | <u>Remera</u> | |

HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED



3

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

DISEASE TYPE: Natural Disease

Card: NONE/20504PKF-3 Beneficiary Names: Vincent DOB: 1990-01-01 Ambulant: Qui
 nteziryimana
Sex: M Date d'entree: 2025-01-07 Date de sortie: 2025-06-21
NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CATEGORY: 0 PHONE NO: 0796052746
null CODE:: null
PROVINCE: Northern DISTRICT: Rulindo SECTOR: MURAMBI CELL/VILLAGE: Mvuzo/Kabeza
Province/Amajyaruguru

FACTURE DES PRESTATIONS N° SITE #20504PKF-3251475 - 2025-06-27 Patient ID: 20504PKF-3

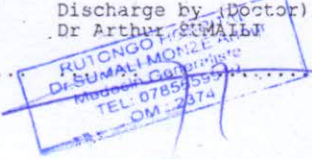
| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|-------------------------------------|--------|------|----------|----------|------|----------|
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-01-07 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-01-07 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 3 | 2025-01-10 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 4 | 2025-01-10 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| | | | | | | 1600.00 | 0.00 | 1600.00 |
| AUTRES | | | | | | | | |
| 1 | 2025-01-10 | Rapport Médical | | 1.00 | 15000.00 | 15000.00 | 0.00 | 15000.00 |
| | | | | | | 15000.00 | 0.00 | 15000.00 |
| | | | | | | 16600.00 | 0.00 | 16600.00 |

Generated by:
Alexis UUMUPEMYI

Discharge by (Doctor):
Dr Arthur SEMALI

Beneficiary
Names/Signature:

Insurance's Staff:



(Handwritten signature)

RJ

201704PKF-3

TRINITY
METALS
RUTONGO MINES

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: MURINDUKWA Vincent

Age:

Site:

Sex: M

Title:

Insurance N^o:

ID: 197080504344097

EID:

Phone: 0796052746

| Left date | Supervisor's Names+sign. | Name of Hospital | Doctor / Nurse's Names+sign.+stamp |
|------------------------|--|------------------|------------------------------------|
| 05 November 2017 | HARUMUGUHA Emmanuel <i>[Signature]</i> | Demera | |

HEALTH & SAFETY
Department
RUTONGO MINES
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RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

4

DISEASE TYPE: Natural Disease

Card: NONE/20504WX3-H Beneficiary Names: IGNACE NAHIMANA DOB: 1992-05-15 Ambulant: Qui
 Sex: M Date d'entree: 2025-02-06 Date de sortie: 2025-03-31
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780707864
 PROVINCE: Northern Province/Amajyaruguru DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Kigarama/Marenge

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20504WX3-H255367 - 2025-02-06 Patient ID: 20504WX3-H

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|-------------------------------------|--------|------|--------|----------------|-------------|----------------|
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-03-04 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-03-04 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| | | | | | | 800.00 | 0.00 | 800.00 |
| AUTRES | | | | | | | | |
| 1 | 2025-02-06 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| 2 | 2025-02-17 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| 3 | 2025-03-04 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 1500.00 | 0.00 | 1500.00 |
| | | | | | | 2300.00 | 0.00 | 2300.00 |

Generated by:
 Alexis UWUMUREMYI

Discharge by (Doctor):

 Dr. Ignace Nahimana
 General Practitioner
 RWDC - 0114
 RUTONGO HOSPITAL

Beneficiary
 Names/Signature:

Insurance's Staff:

Dr. Ignace Nahimana
 General Practitioner
 RWDC - 0114
 RUTONGO HOSPITAL



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

DISEASE TYPE: Natural Disease

Card: NONE/20504WX3-H Beneficiary Names: IGNACE NAHIMANA DOB: 1992-05-15 Ambulant: Qui
 Sex: M Date d'entree: 2025-01-30 Date de sortie: 2025-01-31
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780707864
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Kigarama/Mareng

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20504WX3-H254298 - 2025-01-30 Patient ID: 20504WX3-H

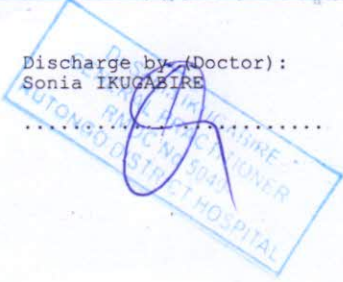
| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---|------------|-------------------------------------|--------|------|--------|---------------|-------------|---------------|
| | | CONSOMMABLES | | | | | | |
| 1 | 2025-01-30 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 2 | 2025-01-30 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| | | | | | | 800.00 | 0.00 | 800.00 |
| | | | | | | 800.00 | 0.00 | 800.00 |

Generated by:
 Dr. Achur SUMAILI

Discharge by (Doctor):
 Sonia IKUGABIRE

Beneficiary
 Names/Signature:

Insurance's Staff:





RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural
Disease

Card: NONE/20504WX3-H

Beneficiary Names: IGNACE DOB: 1992-05-15
NAHIMANA

Ambulant: Non

Sex: M

Date d'entree: 2025-01-01 Date de sortie: 2025-01-06

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

CATEGORY: 0

PHONE NO: 0780707864

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

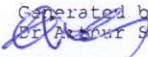
CELL/VILLAGE:
Kigarama/Marengue**FACTURE DES PRESTATIONS DE SOINS DE SANTE #20504WX3-H250695 - 2025-01-01 Patient ID: 20504WX3-H**

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|----|------------|--|----------------------|------|---------|-----------------|-------------|-----------------|
| | | HOSPITALISATION | | | | | | |
| 1 | 2025-01-01 | Hospitalisation salle commune/ Jour | 31/12-1/1/2025 | 1.00 | 1380.00 | 1380.00 | 0.00 | 1380.00 |
| 2 | 2025-01-01 | Visite par le médecin généraliste en hospitalisation | 1/1/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 3 | 2025-01-02 | Visite par le médecin généraliste en hospitalisation | 2/1/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 4 | 2025-01-03 | Hospitalisation chambre à un lit avec toilette à l'interieur | 1-2&2-3/1/2025 | 2.00 | 8280.00 | 16560.00 | 0.00 | 16560.00 |
| 5 | 2025-01-03 | Visite par le médecin généraliste en hospitalisation | 3/1/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 6 | 2025-01-04 | Hospitalisation chambre à un lit avec toilette à l'exterieur | | 1.00 | 5175.00 | 5175.00 | 0.00 | 5175.00 |
| 7 | 2025-01-04 | Visite par le médecin généraliste en hospitalisation | | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 8 | 2025-01-05 | Hospitalisation chambre à un lit avec toilette à l'exterieur | | 1.00 | 5175.00 | 5175.00 | 0.00 | 5175.00 |
| 9 | 2025-01-05 | Visite par le médecin généraliste en hospitalisation | | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 10 | 2025-01-06 | Visite par le médecin généraliste en hospitalisation | 6/1/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 11 | 2025-01-06 | Hospitalisation chambre à un lit avec toilette à l'exterieur | | 1.00 | 5175.00 | 5175.00 | 0.00 | 5175.00 |
| | | | | | | 38640.00 | 0.00 | 38640.00 |
| | | CONSOMMABLES | | | | | | |
| 1 | 2025-01-01 | Bistouri (Surgical blade) no 22 | desarticulation | 1.00 | 45.00 | 45.00 | 0.00 | 45.00 |
| 2 | 2025-01-01 | Bande Elastique 15x4 | STREPPING | 1.00 | 886.00 | 886.00 | 0.00 | 886.00 |
| 3 | 2025-01-01 | seringue 10ml + needle | INJECTION lidocaine | 2.00 | 93.00 | 186.00 | 0.00 | 186.00 |
| 4 | 2025-01-01 | Gant Sterile n0 7.5 | PR ACTE de pansement | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 5 | 2025-01-01 | Gant d'examen non stérile N° 7,5 | nursing care | 1.00 | 50.00 | 50.00 | 0.00 | 50.00 |
| 6 | 2025-01-01 | Emballage médicament en plastic | medicament | 1.00 | 4.00 | 4.00 | 0.00 | 4.00 |
| 7 | 2025-01-01 | Chlorhexidine+cetrimide 300 ml | | 5.00 | 200.00 | 1000.00 | 0.00 | 1000.00 |
| 8 | 2025-01-01 | Alcool denature 100ml | | 5.00 | 200.00 | 1000.00 | 0.00 | 1000.00 |
| 9 | 2025-01-01 | Imprimee (printing) other services | | 5.00 | 300.00 | 1500.00 | 0.00 | 1500.00 |

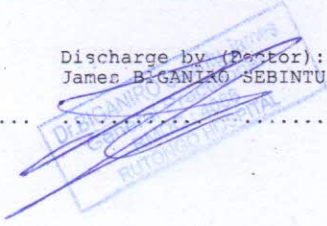
| | | | | | | | | |
|----|------------|-------------------------------------|-------------------|-------|--------|---------|------|---------|
| 10 | 2025-01-01 | Signes viteaux | | 3.00 | 200.00 | 600.00 | 0.00 | 600.00 |
| 11 | 2025-01-02 | Gant d'examen non stérile N° 7,5 | nursing care | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 12 | 2025-01-02 | Gant Sterile n0 7.5 | dressing | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 13 | 2025-01-02 | Bande Elastique 15x4 | bandage elastique | 1.00 | 886.00 | 886.00 | 0.00 | 886.00 |
| 14 | 2025-01-02 | Alcool denature 100ml | | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 15 | 2025-01-02 | Chlorhexidine+cetrimide 300 ml | | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 16 | 2025-01-02 | Compresse (gauze) | | 20.00 | 50.00 | 1000.00 | 0.00 | 1000.00 |
| 17 | 2025-01-02 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 18 | 2025-01-02 | Signes viteaux | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 19 | 2025-01-02 | Sparadrap perfore | | 20.00 | 20.00 | 400.00 | 0.00 | 400.00 |
| 20 | 2025-01-03 | Bande Elastique 15x4 | | 1.00 | 886.00 | 886.00 | 0.00 | 886.00 |
| 21 | 2025-01-03 | Gant Sterile n0 7.5 | | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 22 | 2025-01-03 | Gant d'examen non stérile N° 7,5 | | 6.00 | 50.00 | 300.00 | 0.00 | 300.00 |
| 23 | 2025-01-03 | Alcool denature 100ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 24 | 2025-01-03 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 25 | 2025-01-03 | Signes viteaux | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 26 | 2025-01-03 | Sparadrap perfore | | 20.00 | 20.00 | 400.00 | 0.00 | 400.00 |
| 27 | 2025-01-03 | Chlorhexidine+cetrimide 300 ml | | 20.00 | 200.00 | 4000.00 | 0.00 | 4000.00 |
| 28 | 2025-01-03 | Compresse (gauze) | | 20.00 | 50.00 | 1000.00 | 0.00 | 1000.00 |
| 29 | 2025-01-03 | Bistouri (Surgical blade) no 22 | | 1.00 | 45.00 | 45.00 | 0.00 | 45.00 |
| 30 | 2025-01-03 | Gant Sterile n0 7.5 | | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 31 | 2025-01-03 | Pogal 1-0 (polyglactin) | | 1.00 | 731.00 | 731.00 | 0.00 | 731.00 |
| 32 | 2025-01-03 | Gant d'examen non stérile N° 7,5 | | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 33 | 2025-01-04 | Chlorhexidine+cetrimide 300 ml | | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 34 | 2025-01-04 | Compresse (gauze) | | 30.00 | 50.00 | 1500.00 | 0.00 | 1500.00 |
| 35 | 2025-01-04 | Alcool denature 100ml | | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 36 | 2025-01-04 | Signes viteaux | | 5.00 | 200.00 | 1000.00 | 0.00 | 1000.00 |
| 37 | 2025-01-04 | Bracelet adulte | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 38 | 2025-01-04 | Gant d'examen non stérile N° 7,5 | | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 39 | 2025-01-04 | Emballage médicament en plastic | | 1.00 | 4.00 | 4.00 | 0.00 | 4.00 |
| 40 | 2025-01-04 | Imprimee (printing) other services | | 4.00 | 300.00 | 1200.00 | 0.00 | 1200.00 |
| 41 | 2025-01-04 | Sparadrap perfore | | 10.00 | 20.00 | 200.00 | 0.00 | 200.00 |
| 42 | 2025-01-04 | Cotton (Ouate) | | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 43 | 2025-01-05 | Gant d'examen non stérile N° 7,5 | nursing care | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 44 | 2025-01-05 | Gant Sterile n0 7.5 | acte dressing | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 45 | 2025-01-05 | Bistouri (Surgical blade) no 22 | abruption | 1.00 | 45.00 | 45.00 | 0.00 | 45.00 |
| 46 | 2025-01-05 | Alcool denature 100ml | | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 47 | 2025-01-05 | Compresse (gauze) | | 20.00 | 50.00 | 1000.00 | 0.00 | 1000.00 |

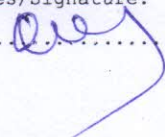
| | | | | | | | | |
|----|------------|---|-------------------|-------|----------|-----------------|-------------|-----------------|
| 48 | 2025-01-05 | Imprimee (printing) other services | | 10.00 | 300.00 | 3000.00 | 0.00 | 3000.00 |
| 49 | 2025-01-05 | Signes viteaux | | 4.00 | 200.00 | 800.00 | 0.00 | 800.00 |
| 50 | 2025-01-05 | Bracelet adulte | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 51 | 2025-01-05 | Sparadrapp perforé | | 10.00 | 20.00 | 200.00 | 0.00 | 200.00 |
| 52 | 2025-01-05 | Chlorhexidine+cetrimide 300 ml | bed hygiene | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 53 | 2025-01-06 | Gant Sterile n0 7.5 | for dressing | 1.00 | 322.00 | 322.00 | 0.00 | 322.00 |
| 54 | 2025-01-06 | Gant d'examen non stérile N° 7,5 | nursing care | 8.00 | 50.00 | 400.00 | 0.00 | 400.00 |
| 55 | 2025-01-06 | Bande Elastique 15x4 | BANDAGE | 1.00 | 886.00 | 886.00 | 0.00 | 886.00 |
| 56 | 2025-01-06 | Discharge form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 57 | 2025-01-06 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 58 | 2025-01-06 | Rendez Vous form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| | | | | | | 48586.00 | 0.00 | 48586.00 |
| | | MEDICAMENTS | | | | | | |
| 1 | 2025-01-01 | Ibuprofen 400 mg tab | 3x2ce/5j | 15.00 | 18.00 | 270.00 | 0.00 | 270.00 |
| 2 | 2025-01-02 | Sodium Chloride (Normale saline) 0.9 500 ml | sl | 1.00 | 662.00 | 662.00 | 0.00 | 662.00 |
| 3 | 2025-01-03 | Povidone iodine 10% 120ml | | 1.00 | 1728.00 | 1728.00 | 0.00 | 1728.00 |
| 4 | 2025-01-03 | Lidocaine 2% 20ML | | 1.00 | 752.00 | 752.00 | 0.00 | 752.00 |
| 5 | 2025-01-04 | Sodium Chloride (Normale saline) 0.9 500 ml | | 1.00 | 662.00 | 662.00 | 0.00 | 662.00 |
| 6 | 2025-01-04 | Cloxacillin 250 mg tab | 3x2ce/5j | 30.00 | 43.00 | 1290.00 | 0.00 | 1290.00 |
| 7 | 2025-01-04 | Paracetamol 500 mg tab | 3x1ce/5j | 15.00 | 16.00 | 240.00 | 0.00 | 240.00 |
| 8 | 2025-01-05 | Sodium Chloride (Normale saline) 0.9 500 ml | wound care | 1.00 | 662.00 | 662.00 | 0.00 | 662.00 |
| 9 | 2025-01-05 | Povidone iodine 10% 120ml | wound care | 1.00 | 1728.00 | 1728.00 | 0.00 | 1728.00 |
| 10 | 2025-01-06 | Sodium Chloride (Normale saline) 0.9 500 ml | dressing | 1.00 | 662.00 | 662.00 | 0.00 | 662.00 |
| | | | | | | 8656.00 | 0.00 | 8656.00 |
| | | IMAGING | | | | | | |
| 1 | 2025-01-01 | Main (F et P) | | 1.00 | 4037.00 | 4037.00 | 0.00 | 4037.00 |
| | | | | | | 4037.00 | 0.00 | 4037.00 |
| | | ACTS | | | | | | |
| 1 | 2025-01-01 | Pansement compliqué | acte de pansement | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 2 | 2025-01-01 | Strapping (Bandage elastique) | acte bandage | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 3 | 2025-01-02 | Debridement | acte debridement | 1.00 | 20700.00 | 20700.00 | 0.00 | 20700.00 |
| 4 | 2025-01-02 | Strapping (Bandage elastique) | acte bandage | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 5 | 2025-01-03 | Pansement compliqué | | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 6 | 2025-01-03 | Strapping (Bandage elastique) | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 7 | 2025-01-03 | Amputation d'un doigt | | 1.00 | 6210.00 | 6210.00 | 0.00 | 6210.00 |
| 8 | 2025-01-03 | Strapping (Bandage elastique) | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 9 | 2025-01-04 | Pansement compliqué | | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 10 | 2025-01-04 | Strapping (Bandage elastique) | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| 11 | 2025-01-05 | Pansement compliqué | | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 12 | 2025-01-05 | Strapping (Bandage elastique) | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |

| | | | | | | | | |
|--------|------------|-------------------------------|--------------|------|---------|-----------|------|-----------|
| 1 3 | 2025-01-05 | Ablation des fils | | 1.00 | 1553.00 | 1553.00 | 0.00 | 1553.00 |
| 1 4 | 2025-01-06 | Pansement compliqué | acte | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 1 5 | 2025-01-06 | Strapping (Bandage elastique) | acte bandage | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| | | | | | | 3 1.70 | 0.00 | 63653.70 |
| | | AUTRES | | | | | | |
| 1 | 2025-01-03 | Certificat Médical | | 1.00 | 2000.00 | 2000.00 | 0.00 | 2000.00 |
| 2 | 2025-01-06 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 2500.00 | 0.00 | 2500.00 |
| | | | | | | 166072.70 | 0.00 | 166072.00 |

Generated by:

 Dr. ARNOLD SUMALLI

Discharge by (Doctor):
 James BICANLAO SEBINTU



Beneficiary
 Names/Signature:


Insurance's Staff:



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

DISEASE TYPE: Natural Disease

Card: NONE/20504WX3-H Beneficiary Names: IGNACE NAHIMANA DOB: 1992-05-15 Ambulant: Non
 Sex: M Date d'entree: 2025-01-07 Date de sortie: 2025-01-23
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0780707864
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Kigarama/Mareng

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20504WX3-H251407 - 2025-01-07 Patient ID: 20504WX3-H

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|-------------------------------------|---------------------------------|-------|--------|----------------|-------------|----------------|
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-01-07 | Alcool denature 100ml | for disinfection | 10.00 | 200.00 | 2000.00 | 0.00 | 2000.00 |
| 2 | 2025-01-07 | Chlorhexidine+cetrimide 300 ml | for disinfection | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 3 | 2025-01-07 | Compresse (gauze) | for wound dressing and | 20.00 | 50.00 | 1000.00 | 0.00 | 1000.00 |
| 4 | 2025-01-07 | Imprimee (printing) other services | for bill printing | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 5 | 2025-01-07 | Sparadrap perfore | for covering the punctured area | 10.00 | 20.00 | 200.00 | 0.00 | 200.00 |
| 6 | 2025-01-07 | Rendez Vous form | for coming back | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 7 | 2025-01-23 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 8 | 2025-01-23 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 9 | 2025-01-23 | Internal transfer form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 10 | 2025-01-23 | Materiels pour Radiology | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 11 | 2025-01-23 | Alcool denature 100ml | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 12 | 2025-01-23 | Compresse (gauze) | | 12.00 | 50.00 | 600.00 | 0.00 | 600.00 |
| 13 | 2025-01-23 | Chlorhexidine+cetrimide 300 ml | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 14 | 2025-01-23 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 15 | 2025-01-23 | Sparadrap perfore | | 15.00 | 20.00 | 300.00 | 0.00 | 300.00 |
| | | | | | | 7500.00 | 0.00 | 7500.00 |
| AUTRES | | | | | | | | |
| 1 | 2025-01-13 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| 2 | 2025-01-23 | Repos Medicale | | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | | 1000.00 | 0.00 | 1000.00 |
| | | | | | | 8500.00 | 0.00 | 8500.00 |

Generated by:
 Alexis UWUMUREMYI

Discharge by (Doctor):
 Dr.Obedine malenge

Beneficiary
 Names/Signature:

Insurance's Staff:



TRINITY
METALS
RUTOXGO MINES

20504WX3-H

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: NAHIMANA IGNANCE

Age: 32

Site: SANDARI

Sex: M


Title: loco Driver

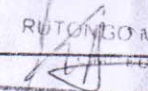
Insurance N^o:

ID: -

EID: -

Phone: 0780707864

| Left date | Supervisor's Names+sign. | Name of Hospital | Doctor / Nurse's Names+sign.+stamp |
|------------------------|--|------------------|------------------------------------|
| 30 December 2024 | Evanste  | Remera | |

HEALTH & SAFETY
Department
RUTOXGO MINES




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

5

DISEASE TYPE: Natural Disease

Card: NONE/28200Y58-8 Beneficiary Names: JUSTIN MURWANASHYAKA DOB: 1994-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-05-27 Date de sortie: 2025-05-29
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: null
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MURAMBI CELL/VILLAGE: Mugambazi/Amahoro
 Province/Amajyaruguru

FACTURE DES PRESTATIONS DE SOINS DE SANTE #28200Y58-8269925 - 2025-05-27 Patient ID: 28200Y58-8

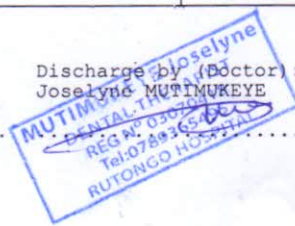
| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|---------------------|------------|--|--------|-------|---------|-----------------|-------------|-----------------|
| CONSULTATION | | | | | | | | |
| 1 | 2025-05-27 | Consultation paramédicale, spécialiste A0 (référé): tous les jours | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| | | | | | | 2070.00 | 0.00 | 2070.00 |
| CONSOMMABLES | | | | | | | | |
| 1 | 2025-05-27 | Abaisse Langue en bois/Tongue depressor wood | | 2.00 | 52.00 | 104.00 | 0.00 | 104.00 |
| 2 | 2025-05-27 | Aiguille dentaire G27*38MM | | 2.00 | 49.00 | 98.00 | 0.00 | 98.00 |
| 3 | 2025-05-27 | Emballage médicament en plastic | | 2.00 | 10.00 | 20.00 | 0.00 | 20.00 |
| 4 | 2025-05-27 | Gant d'examen non stérile N° 7,5 | | 6.00 | 49.00 | 294.00 | 0.00 | 294.00 |
| 5 | 2025-05-27 | Compresse (gauze) | | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 6 | 2025-05-27 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| | | | | | | 1316.00 | 0.00 | 1316.00 |
| MEDICAMENTS | | | | | | | | |
| 1 | 2025-05-27 | Amoxicillin500 mg tab | TID7/7 | 21.00 | 68.00 | 1428.00 | 0.00 | 1428.00 |
| 2 | 2025-05-27 | Ibuprofen 400 mg tab | TID5/7 | 15.00 | 19.00 | 285.00 | 0.00 | 285.00 |
| 3 | 2025-05-27 | Lidocaine2%+Epin 1.8 ml | | 2.00 | 654.00 | 1308.00 | 0.00 | 1308.00 |
| | | | | | | 3021.00 | 0.00 | 3021.00 |
| ACTS | | | | | | | | |
| 1 | 2025-05-27 | Extraction des restes radiculaires | 21 | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 2 | 2025-05-27 | Rx retro alveolaire | 21 | 1.00 | 2847.00 | 2847.00 | 0.00 | 2847.00 |
| 3 | 2025-05-27 | Injection IM | | 2.00 | 311.00 | 622.00 | 0.00 | 622.00 |
| | | | | | | 7609.00 | 0.00 | 7609.00 |
| | | | | | | 14015.00 | 0.00 | 14016.00 |

Generated by:
 Alexis UWUMUREMYI

Discharge by (Doctor):
 Joselyne MUTIMUKIYE

Beneficiary Names/Signature:

Insurance's Staff:



(Handwritten signature)

(Handwritten signature)

.....



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Work Accident

Card: NONE/28200Y58-8

Beneficiary Names: JUSTIN MURWANASHYAKA DOB: 1994-01-01

Ambulant: Non

Sex: M

Date d'entree: 2025-03-02 Date de sortie: 2025-03-31

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

CATEGORY: 0

PHONE NO: null

PROVINCE: Northern Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MURAMBI

CELL/VILLAGE: Mugambazi/Amahoro

FACTURE DES PRESTATIONS DE SOINS DE SANTE #28200Y58-8258524 - 2025-03-02 Patient ID: 28200Y58-8

| # | Date | Service | Dosage | Qty | UP | 100% | 0.0% | 100.0% |
|----|------------|---|-----------------|-------|---------|-----------------|-------------|-----------------|
| | | CONSULTATION | | | | | | |
| 1 | 2025-03-02 | Consultation médecin généraliste (référé): tous les jours | 2/3/2025 | 1.00 | 3726.00 | 3726.00 | 0.00 | 3726.00 |
| 2 | 2025-03-28 | Consultation paramédicale, spécialiste A0 (référé): tous les jours | | 1.00 | 2070.00 | 2070.00 | 0.00 | 2070.00 |
| | | | | | | 5796.00 | 0.00 | 5796.00 |
| | | HOSPITALISATION | | | | | | |
| 1 | 2025-03-03 | Visite par le médecin généraliste en hospitalisation | 03/03/2025 | 1.00 | 862.50 | 862.50 | 0.00 | 862.50 |
| 2 | 2025-03-03 | Hospitalisation salle commune/ Jour | 02-03/03/2025 | 1.00 | 1380.00 | 1380.00 | 0.00 | 1380.00 |
| | | | | | | 2242.50 | 0.00 | 2242.50 |
| | | LABORATOIRE | | | | | | |
| 1 | 2025-03-02 | C1- | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 2 | 2025-03-02 | Groupe A.B.O rhesus | | 1.00 | 1455.00 | 1455.00 | 0.00 | 1455.00 |
| 3 | 2025-03-02 | Hemogramme complet (NFS, Hb, HTe, GR, GB, M GV, plaquettes, CCMH, TCMH) | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 4 | 2025-03-02 | Uree | | 1.00 | 3882.00 | 3882.00 | 0.00 | 3882.00 |
| 5 | 2025-03-02 | SGOT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 6 | 2025-03-02 | SGPT | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 7 | 2025-03-02 | K+ | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 8 | 2025-03-02 | Na+ | | 1.00 | 4313.00 | 4313.00 | 0.00 | 4313.00 |
| 9 | 2025-03-02 | Glycémie | | 1.00 | 3494.00 | 3494.00 | 0.00 | 3494.00 |
| 10 | 2025-03-02 | Creatinine | | 1.00 | 3881.25 | 3881.25 | 0.00 | 3881.25 |
| 11 | 2025-03-02 | Bilirubine Directe | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 12 | 2025-03-02 | Bilirubine Totale | | 1.00 | 3154.00 | 3154.00 | 0.00 | 3154.00 |
| 13 | 2025-03-02 | Amylase | | 1.00 | 6038.00 | 6038.00 | 0.00 | 6038.00 |
| | | | | | | 48618.25 | 0.00 | 48618.25 |
| | | CONSOMMABLES | | | | | | |
| 1 | 2025-03-02 | Trousse ordinaire | for IVF | 1.00 | 251.00 | 251.00 | 0.00 | 251.00 |
| 2 | 2025-03-02 | seringue 10ml + needle | DICLOFENAC | 3.00 | 89.00 | 267.00 | 0.00 | 267.00 |
| 3 | 2025-03-02 | Gant d'examen non stérile N° 7,5 | FOR NURSING ACT | 10.00 | 49.00 | 490.00 | 0.00 | 490.00 |

| | | | | | | | | |
|----|------------|--|---------------------------------|-------|---------|-----------------|-------------|-----------------|
| 4 | 2025-03-02 | Cotton (Ouate) | | 5.00 | 50.00 | 250.00 | 0.00 | 250.00 |
| 5 | 2025-03-02 | Consent Form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 6 | 2025-03-02 | Compresse (gauze) | | 5.00 | 50.00 | 250.00 | 0.00 | 250.00 |
| 7 | 2025-03-02 | Alcool denature 100ml | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 8 | 2025-03-02 | IMPRIMERIE (PRINTING) EMERGENCY & MATERNITY | | 3.00 | 600.00 | 1800.00 | 0.00 | 1800.00 |
| 9 | 2025-03-02 | Catheter IV G18 | | 2.00 | 340.00 | 680.00 | 0.00 | 680.00 |
| 10 | 2025-03-02 | Emballage médicament en plastic | CLOXA, BRUFENE , PARACETAMOL | 3.00 | 4.00 | 12.00 | 0.00 | 12.00 |
| 11 | 2025-03-03 | Materiels pour Radiology | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| 12 | 2025-03-03 | Alcool denature 100ml | | 2.00 | 200.00 | 400.00 | 0.00 | 400.00 |
| 13 | 2025-03-03 | Cotton (Ouate) | | 2.00 | 50.00 | 100.00 | 0.00 | 100.00 |
| 14 | 2025-03-03 | Discharge form | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 15 | 2025-03-10 | Signes viteaux | | 1.00 | 200.00 | 200.00 | 0.00 | 200.00 |
| 16 | 2025-03-10 | Imprimee (printing) other services | | 2.00 | 300.00 | 600.00 | 0.00 | 600.00 |
| 17 | 2025-03-28 | Abaisse Langue en bois/Tongue depressor wood | | 2.00 | 52.00 | 104.00 | 0.00 | 104.00 |
| 18 | 2025-03-28 | Aiguille dentaire G27*38MM | | 2.00 | 50.00 | 100.00 | 0.00 | 100.00 |
| 19 | 2025-03-28 | Emballage médicament en plastic | | 2.00 | 4.00 | 8.00 | 0.00 | 8.00 |
| 20 | 2025-03-28 | Gant d'examen non stérile N° 7,5 | | 6.00 | 49.00 | 294.00 | 0.00 | 294.00 |
| 21 | 2025-03-28 | Compresse (gauze) | | 10.00 | 50.00 | 500.00 | 0.00 | 500.00 |
| 22 | 2025-03-28 | Imprimee (printing) other services | | 1.00 | 300.00 | 300.00 | 0.00 | 300.00 |
| | | | | | | 7506.00 | 0.00 | 7506.00 |
| | | MEDICAMENTS | | | | | | |
| 1 | 2025-03-02 | Diclofenac injection | 75mg | 1.00 | 58.00 | 58.00 | 0.00 | 58.00 |
| 2 | 2025-03-02 | Sodium Chloride (Normale saline) 0.9 500 ml | | 2.00 | 662.00 | 1324.00 | 0.00 | 1324.00 |
| 3 | 2025-03-02 | Glucose 5% 500ml | | 1.00 | 894.00 | 894.00 | 0.00 | 894.00 |
| 4 | 2025-03-02 | Cloxacillin 250 mg tab | cloxa 500mg/tid for 5/7 | 30.00 | 42.00 | 1260.00 | 0.00 | 1260.00 |
| 5 | 2025-03-02 | Paracetamol 500 mg tab | 500MG Tid for | 15.00 | 16.00 | 240.00 | 0.00 | 240.00 |
| 6 | 2025-03-02 | Ibuprofen 400 mg tab | 400mg/tid | 15.00 | 18.00 | 270.00 | 0.00 | 270.00 |
| 7 | 2025-03-28 | Amoxicillin 500 mg tab | TID7/7 | 21.00 | 68.00 | 1428.00 | 0.00 | 1428.00 |
| 8 | 2025-03-28 | Ibuprofen 400 mg tab | TID5/7 | 15.00 | 19.00 | 285.00 | 0.00 | 285.00 |
| 9 | 2025-03-28 | Lidocaine2%+Epin 1.8 ml | | 2.00 | 628.00 | 1256.00 | 0.00 | 1256.00 |
| | | | | | | 7015.00 | 0.00 | 7015.00 |
| | | IMAGING | | | | | | |
| 1 | 2025-03-03 | Poumon F | | 1.00 | 6728.00 | 6728.00 | 0.00 | 6728.00 |
| 2 | 2025-03-03 | Poumon P | | 1.00 | 6728.00 | 6728.00 | 0.00 | 6728.00 |
| | | | | | | 13456.00 | 0.00 | 13456.00 |
| | | ACTS | | | | | | |
| 1 | 2025-03-28 | Extraction dent définitive | 21 | 1.00 | 4140.00 | 4140.00 | 0.00 | 4140.00 |
| 2 | 2025-03-02 | Injection IM | DICLOFENAC | 1.00 | 311.00 | 311.00 | 0.00 | 311.00 |
| 3 | 2025-03-02 | Pose perfusion/transfusion | FOR IVF | 1.00 | 414.00 | 414.00 | 0.00 | 414.00 |

| | | | | | | | |
|---|------------|--------------------|------|---------|-----------------|-------------|-----------------|
| 4 | 2025-03-28 | Injection IM | 2.00 | 311.00 | 622.00 | 0.00 | 622.00 |
| | | | | | 5487.00 | 0.00 | 5487.00 |
| | | AUTRES | | | | | |
| 1 | 2025-03-03 | Repos Medicale | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| 2 | 2025-03-03 | Certificat Medical | 1.00 | 2000.00 | 2000.00 | 0.00 | 2000.00 |
| 3 | 2025-03-10 | Repos Medicale | 1.00 | 500.00 | 500.00 | 0.00 | 500.00 |
| | | | | | 3000.00 | 0.00 | 3000.00 |
| | | | | | 93120.75 | 0.00 | 93120.75 |

Generated by:
David NSHIMIYIMANA

Dr. David Nshimiyanana
 Dr. David Nshimiyanana (Doctor)
 General Practitioner
 RUTONGA HOSPITAL

Beneficiary
Names/Signature:

Insurance's Staff:

[Handwritten Signature]

[Handwritten Signature]

.....

22200158-8


TRINITY
METALS
RUTONGO MINES

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: MURIELA ALEXANDER JUDITH
Site: RUTONGO
Title: PT
ID: 01494-021004
EID: ---
Phone: 078490124

Age: 31
Sex: M
Insurance N^o: ---

| Left date | Supervisor's Names+sign. | Name of Hospital | Doctor / Nurse's Names+sign.+stamp |
|------------|--|------------------|------------------------------------|
| 2 March-25 | MURIELA ALEXANDER JUDITH Immanuel  | RUTONGO | |

Stamp

HEALTH & Safety Department
RUTONGO MINES
LIMITED