

Post

Names

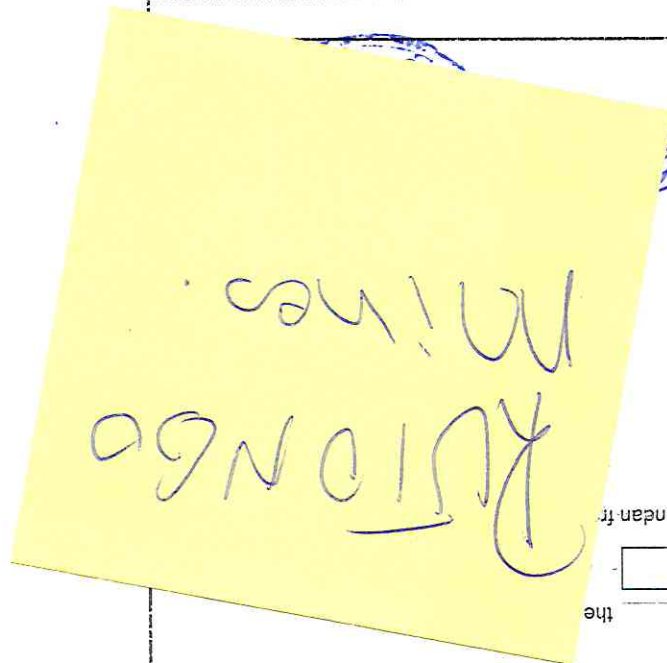
Date & Signature

(In words)

(In figures)

[Empty box for amount in figures]

Amount approved after reconciliation



DIRECTOR GENERAL

NTRIABOSE AME PATRICK

Done at Nigoma 15/01/2023

At bank of Kigali (BK)

This amount will be put into account number 00040-00206923-55

DECEMBER, 2023

For all medical care given to its patient

(In words): Two hundred nine thousand four hundred forty eight rwandan fr

(In figures)

[Box containing amount 209,448]

to the RUTONGO HOSPITAL

RUTONGO MINES LIMITED has to pay

T O T A L B I L L

TIN

:101515092

RUTONGO MINES LTD INVOICE NO:

:05/RUTHOSP/2023

HEALTH FACILITY

: RUTONGO HOSPITAL

ADMINISTRATIVE DISTRICT

: RULINDO



PROVINCE / MWK

: NORTH

[Handwritten signature]

Josephine Gushyamba

RECEIVED 02 FEB 2024 RUTONGO MINES LTD

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

No	NAMES	AMOUNT
1	DIANE UMURERWA	66,979
2	DIANE UMURERWA	70,319
3	DIANE UMURERWA	72,150
	TOTAL	209,448

NYIRAHABIMANA MARIE GRACE
RECOVERY OFFICER



KALISA FRANCOIS
D.A.F



DR NTHABOSE
AIME PATRICK
DG






RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@rwanda.gov.rw

Date: 2023-12-22

Card: NONE/282010H7-Y
 Beneficiary Names: DIANE
 Date d'entree: 2023-12-01
 Date de sortie: 2023-12-20
 CODE: null
 DISTRICT: Rutindo
 SECTOR: MASORO
 CELL/VILLAGE: Shengampuli/Nyabinyana
 DISEASE TYPE: Natural
 Ambulant: QUI
 Sex: F
 NAME(S) OF HOUSEHOLD HEAD: null
 PROVINCE: Northern
 Province/ama/yaruguru

FACTURE DES PRESTATIONS DE SOINS DE SANTE #282010H7-Y202383 - 2023-12-01 Patient ID: 282010H7-Y

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
1	2023-12-01	CONSUMMABLES				520.00	0.00	520.00
1	2023-12-01	MEDICAMENTS				520.00	0.00	520.00
1	2023-12-01	Fomade camphre 10x 50 gr	1 apbid 10/7	2.00	625.00	1250.00	0.00	1250.00
		ACTS				1250.00	0.00	1250.00
1	2023-12-01	Kine AO		1.00	3105.00	3105.00	0.00	3105.00
2	2023-12-01	TENS		5.00	3105.00	15525.00	0.00	15525.00
3	2023-12-01	Ultra sons (U.S)		5.00	3105.00	15525.00	0.00	15525.00
3	2023-12-01	Ultra sons (U.S)		5.00	4140.00	20700.00	0.00	20700.00
4	2023-12-01	Plus d'une articulation		5.00	2070.00	10350.00	0.00	10350.00
5	2023-12-01	Exercices therapeutiques		5.00	2070.00	10350.00	0.00	10350.00
6	2023-12-01	Dos - Back		5.00	2070.00	10350.00	0.00	10350.00
						70380.00	0.00	70380.00
						72150.00	0.00	72150.00

Generated by: **ICAMBAVE**
 RUTONGO HOSPITAL
 Rutongohospital@rwanda.gov.rw

Discharge by (Doctor):
 Diteudonne IZANKIZA

Beneficiary
 Names/Signature:

Insurance's Staff:

NOT LIMITED TO THESE ITEMS
 RUTONGO HOSPITAL

Date	Traitement	Date de rendez-vous	signature
29/11/2023	US, wms	01/12/2023	<i>[Signature]</i>
27/11/2023	US, wms	20/11/2023	<i>[Signature]</i>
24/11/2023	US, wms	27/11/2023	<i>[Signature]</i>

Fiche de rendez-vous
 Nom et prénom: UHO RIZUA IRATA
 Age: 2 Ans
 Adresse: MORIS - SHENGA NYIRO
 Diagnostic: L89 DEB CAVARATIQUE #20 L/L weekers

REPUBLIQUE RWANDA
 DISTRICT DE RUTONGA
 HOPITAL DE RUTONGA
 SERVICE DE...

282040#1-1



REPUBLIQUE DU RWANDA

RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@gmail.com.gov.rw

Date: 2023-11-27

Card: NONE/282010H7-Y
Beneficiary Names: DIANE
DOB: 2002-02-11
Ambulant: Oui
DISEASE TYPE: Natural Disease

Sex: F
NAME(S) OF HOUSEHOLD HEAD: null
Date d'entree: 2023-11-22
Date de sortie: 2023-11-23
CATEGORY: 0

PROVINCE: Northern
District: Rutundo
SECTOR: MASORO
CELL/VILLAGE: Shengampuli/Nyabinyana

FACTURE DES PRESTATIONS DE SOINS DE SANTE #282010H7-Y201176 - 2023-11-22 patient ID: 282010H7-Y

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
1	2023-11-22	Gant d'examen non sterile N° 7,5	ACTES	12.00	52.00	624.00	0.00	624.00
2	2023-11-22	Emballage médicament en plastique		4.00	7.00	28.00	0.00	28.00
MEDICAMENTS								
1	2023-11-22	Pommade camphre 10% 50 gr	1 app/jr	1.00	625.00	625.00	0.00	625.00
2	2023-11-22	Prednisolone 5 mg tab	0-0-2/15days	30.00	13.00	390.00	0.00	390.00
3	2023-11-22	Prednisolone 5 mg tab	0-0-1/15 day	15.00	13.00	195.00	0.00	195.00
4	2023-11-22	Thiamine 100 mg tab	1-1-1	30.00	19.00	570.00	0.00	570.00
	2023-11-22	Diclofenac 50 mg tab	1-0-1	20.00	4.00	80.00	0.00	80.00
6	2023-11-22	Chlorpheniramine 4 mg tab	1-0-1	6.00	2.00	12.00	0.00	12.00
ACTS								
1	2023-11-22	Kine A0		1.00	3105.00	3105.00	0.00	3105.00
2	2023-11-22	TENS		3	5.00	15525.00	0.00	15525.00
3	2023-11-22	Ultra Sons (U.S)		3	5.00	4140.00	0.00	20700.00
4	2023-11-22	Dos - Back		3	5.00	2070.00	0.00	10350.00
5	2023-11-22	Membre - Limb		3	5.00	1553.00	0.00	7765.00
6	2023-11-22	Exercices thérapeutiques		3	5.00	2070.00	0.00	10350.00
						67795.00	0.00	67795.00
						70319.00	0.00	70319.00

Generated by: *Copyright Icyimpaye*
 Discharge by (Doctor): *Besite Claire Umutesi*
 Beneficiary Names/Signature: *[Signature]*
 Insurance's Staff: *[Signature]*

HEALTH & SAFETY
 RYDONG MINE

			25/02/2003
Doctor / Nurse's Names+sign+stamp	Name of Hospital	Supervisor's Names+sign	Left date

Name: / Mine Assistant
 ID: / 4029 01321-540
 Sex: Male Female
 Age: 27
 Insurance No:

EXIT TICKET FOR TREATMENT
 HEALTH AND SAFETY DEPARTMENT

TRINITY
 RETALS
 DIRECTOR

282010H7-Y

282010H7-Y

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

Fiche de rendez-vous

Nom et prénom: *MURIEL A. BIANU*

Age: *31 ans*

Adresse: *MURINDO - MURINDO*

Diagnostic: *LBP post partum*

Date	Traitement	Date de rendez-vous	Signature
07/09/2019	Mora	08/09/2019	<i>[Signature]</i>
08/09/2019	II	11/09/2019	<i>[Signature]</i>
11/09/2019	II	12/09/2019	<i>[Signature]</i>
12/09/2019	II	13/09/2019	<i>[Signature]</i>
13/09/2019	II	14/09/2019	<i>[Signature]</i>

H.P.L. Murindou

08/09/2019

