



R.U.C.: 1990902034001

## FACTURA

No. : 001-100-000017560

NUMERO DE AUTORIZACION

0502202501199090203400120011000000175600000000319

FECHA Y HORA DE AUTORIZACION

2025-02-05T21:22:48-05:00

AMBIENTE : PRODUCCION

EMISION : NORMAL

CLAVE DE ACCESO



0502202501199090203400120011000000175600000000319

HOSPITAL DEL DIA VIRGEN DE GUADALUPE

Direccion Matriz: ZAMORA CHINCHIPE / ZAMORA / GUADALUPE / SN

OBLIGADO A LLEVAR CONTABILIDAD : NO

Dir Sucursal :ZAMORA CHINCHIPE / ZAMORA / GUADALUPE / SN

REGIMEN GENERAL

Razon Social / Nombres y Apellidos:

NORNA ESTHER CUENCA GUALAN

Identificacion: 1900304963

Fecha Emision: 05/02/2025

Guia Remision:

Direccion: GUAGAUyme BAJO-ZAMORA

Telefono :

Email:

| Cod. Principal                                                                     | Cant. | Descripcion                           | Detalle Adicional         | Precio Unitario | Descuento | Precio Total |
|------------------------------------------------------------------------------------|-------|---------------------------------------|---------------------------|-----------------|-----------|--------------|
| 552                                                                                | 1.00  | EXAMEN BIOMETRIA                      |                           | 6.00            | 0.00      | 6.00         |
| 555                                                                                | 1.00  | EXAMEN GLUCOSA                        |                           | 2.00            | 0.00      | 2.00         |
| 559                                                                                | 1.00  | EXAMEN UREA                           |                           | 2.00            | 0.00      | 2.00         |
| 560                                                                                | 1.00  | EXAMEN CREATININA                     |                           | 2.00            | 0.00      | 2.00         |
| 561                                                                                | 1.00  | EXAMEN ACIDO URICO                    |                           | 2.00            | 0.00      | 2.00         |
| 556                                                                                | 1.00  | EXAMEN COLESTEROL TOTAL               |                           | 2.25            | 0.00      | 2.25         |
| 557                                                                                | 1.00  | EXAMEN TRIGLICERIO                    |                           | 2.25            | 0.00      | 2.25         |
| 570                                                                                | 1.00  | EXAMEN DE ORINA                       |                           | 2.00            | 0.00      | 2.00         |
| 571                                                                                | 1.00  | EXAMEN COPROPARASITARIO               |                           | 2.00            | 0.00      | 2.00         |
| 1089                                                                               | 1.00  | MUESTRA DE HECES                      |                           | 0.15            | 0.00      | 0.15         |
| 1088                                                                               | 1.00  | ENVASE PARA MUESTRA DE ORINA 100ML 0% |                           | 0.25            | 0.00      | 0.25         |
| INFORMACION ADICIONAL :                                                            |       |                                       | SUBTOTAL 12%              |                 |           | 0.00         |
| BODEGA : PRINCIPAL<br>VENDEDOR:<br>OBSERVACIONES: null<br>TIPO: 1<br>CODIGO: 18621 |       |                                       | SUBTOTAL 0%               |                 |           | 22.90        |
|                                                                                    |       |                                       | SUBTOTAL NO objeto de IVA |                 |           | 0.00         |
|                                                                                    |       |                                       | SUBTOTAL Exento de IVA    |                 |           | 0.00         |
|                                                                                    |       |                                       | SUBTOTAL SIN IMPUESTOS    |                 |           | 22.90        |
|                                                                                    |       |                                       | TOTAL Descuento           |                 |           | 0.00         |
| Formas de Pago                                                                     |       |                                       | Valor                     | Plazo           | U.Tiempo  | ICE          |
| SIN UTILIZACION DEL SISTEMA FINANCIERO                                             |       |                                       | 22.90                     |                 |           | 0.00         |
|                                                                                    |       |                                       |                           |                 |           | IVA 12%      |
|                                                                                    |       |                                       |                           |                 |           | 0.00         |
|                                                                                    |       |                                       |                           |                 |           | VALOR TOTAL  |
|                                                                                    |       |                                       |                           |                 |           | 22.90        |