ESI

Discharge on 3/10/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better
(A Unit of United Alliance Health

Medway Heart Institute
Where heart beat never stops...

Mr.ANANDARAJ V (ESI)
69/Male/MHI202372612
03/10/2024/IP112024002323
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. __

D.O.A. 3/10/24 Time 8.25 AM

Rent Per Day G/W

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/10/24	8.40	ADMISSION	IInd floor (ward)	
3/10/24	12.10	IInd FLOOR	cath lab	
3/10/24	13.40	CATH LAB	IInd floor ward I	

OPERATION THEATRE

Date	: 3/10/24	OT No.	: Cath lab - I
Surgeon	: DR. JAISHANKAR	Start Time	: 12:55
I Asst. Surgeon	:	End Time	: 13.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAISHANKAR	3/10/24						
Mrs. Catherine (Dietitian)	03/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 8567 / 4000 01 RETURNS CHECKED : 3/10/24	T- 11,903 + 5 CBG - 12043

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

MODEL FORMS

(P1)

Letterhead of Referring ESI Hospital (P-I) Referral Form (Permission letter)

Referral No

Insurance No Staff ✓ 168509
Card No/ Pensioner
Card No

Name of the Patient : V. ANANDARAJ
Age/Sex: 71Y/MALE

Address Contact No : NO-12, 7th CROSS STREET, ANNANAGAR, ANAKAPUTHUR, CH-70, 97898 56232

Identification marks :

IP Beneficiary/Staff ✓ : A. PRASATH

Relationship with IP Staff : ✓F/M/W/S/D/Other

Entitled for Specialty/Super Specialty : ✓Yes/No

Diagnosis/clinical opinion/case Summary along with relevant treatment given : ACUTE CORONARY SYNDROME - NSTEMI

Procedure/investigation done in ESIC hospital : ~~CAG & PCI~~

Treatment procedure/SST investigation for which patient is being referred : CAG +/- PCI

(mention specific diagnosis for referral)

I voluntarily choose MEDWAY SPECIALITY HOSPITAL Tie-up Hospital for treatment of self or my FATHER.

Sign/Thumb Impression of IP/Beneficiary Staff

Referred to the above Hco Hospital/Diagnostic Centre for

J. Prathiban (for Dean) 27/9/

Sign & Stamp of Authorized Signatory