

ESI

MH/DP/2022/104

## BILLING CARD



Patient Name: Ms. SALETHMARY (ESI)

IP No. \_\_\_\_\_

Room No. \_\_\_\_\_

63/Female/MHI202378984

09/09/2024/1P112024002103

Dr. K. JAISHANKAR



D.O.A. 9/9/24 Time 10:57 AM

## TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
9/9/24	10:57	FRONT OFFICE	RL	11/03/24
9/9/24	12:10	RL	CATH LAB	11/03/24
9/9/24		CATH LAB	RL	

## OPERATION THEATRE

Date	:	9/9/24	OT No.	:	CATH LAB
Surgeon	:	Dr. J.	Start Time	:	1 PM
I Asst. Surgeon	:		End Time	:	1:10 PM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Pragna R N	Arthroscopy	:	
Name of Surgery	:		Laprosocopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl : 2ml 10ml/inj. morphi:	:	
			Others	:	

## MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
9/9/24	10:57						

## INFUSION PUMP

## OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## SYRINGE PUMP

## ALPHA BED

## SCD PUMP

## VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect



## Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

## Referral Letter

UTI ID: 6269057



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024046094  
 Name of the Patient : Ms. Salethmary  
 UAN of IP : (2020 09 24)KRTR.0000010599\_QRC  
 Address/Contact No :  
 Identification marks (if any) :  
 IP/Beneficiary/Staff : Beneficiary  
 Relationship with IP/Staff : Dependant mother  
 Entitled for Specialty Rx : YES  
 Entitled Super Specialty Rx : YES  
 Diagnosis : ICD - Atherosclerotic heart disease - I25.1 Remarks : single vessel disease of LCX  
 CGHS (Name and Code)\* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /  
 Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -  
 15-Sep-2024

Insurance No/Staff/ Pensioner Card

: 5125921721

Age/Gender : 64 Years /Female

UHID : KRTR.0000010599



Remarks Additional Clinical Information/Procedure/Investigation

CAD single vessel disease of LCX

Reasons / Purpose for Referral Investigations/Rx/Procedure :

LOF

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardiology

Date &amp; Time of Referral 05 Sep 2024 01:59:00 PM

Name and Designation of the Referring Doctor

Dr. Vijayaraghavan P. Associate Professor

Or, Agreeing to / contradicting the above, I voluntarily choose  
 for my (relationship).

Hospital for treatment of self or

Date and Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to Department of Hospital/Diagnostic

Centre for (Reason/purpose for referral):

(VERIFIED &amp; RECOMMENDED BY)

Signature, Name &amp; Designation

Date &amp; Time:

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name &amp; Designation)

Date &amp; Time:

N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at [www.esic.in](http://www.esic.in). Referral shall be governed by the rules and administrative instructions issued from time to time. Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment / investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract, whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

Printed By : pviipvi

05-09-2024

ph 9884859447