Ref: CPT

CPT

Discharge on 19/9/24

Medical Management

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mrs.MEENAKSHI (CPT)
56/Female/MHI202483206
12/09/2024/IPII2024002141
Dr.KAILASH A JAIN

Patient Name

IP No. _____

Room No. ___

ward - 8

D.O.A. 12/09/24 Time 01:51 pm

Rent Per Day Single Room

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
12/9/24	14.45	ADMISSION	2nd floor 207(A)	
19/9/24	20.00	2nd Floor (207-A)	1st floor 113	

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	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

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
12/9/24	Chest wound swab → c/c, Gram stain (1733)
13/9/24	CBC (1760)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

13/9/24	Chest x-ray (1813)		
15/9/24	Chest x-ray (1908)		

CBG

DATE	NUMBERS	DATE	NUMBERS
11/9/24	1+1 (1766)	18/9/24	1+1 (2083)
12/9/24	1+1 (1766)	19/9/24	1 (2083)
12/9/24	+		
13/9/24	1+1+1		
14/9/24	1+1+1		
15/9/24	1+1+1		
16/9/24	1+1+1		
17/9/24	1+1		
17/9/24	1 (2083)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	
15/9/24	Dialysis 1 hrs to be charges
17/9/24	Dialysis 1 hrs Charges.
19/09/24	Dialysis 1 hrs charges

1610

NEBULIZER

HEB: FORACORT HEB: DUONEB

DATE	NUMBERS	DATE	NUMBERS
13/9/24	1	13/9/24	1
14/9/24	1+1	14/9/24	1+1+1
15/9/24	1+1	15/9/24	1+1
16/9/24	1+1	16/9/24	1+1
		17/9/24	1+1
		18/9/24	1+1+1

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Neelakanth Jain	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24	19/9/24
DR. Krishnamani	12/9/24						
DR. Elakiya	15/9/24						
DR. Sivakumar	15/9/24						
DR. Ashwin	16/9/24						
Mrs. Catherine (Dietitian)	12/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED : 15/166 19/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : (3) SR tray used.

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : wound Resuturing done on 16/9/24

OTHER PROCDURES : Cannulation tray used on 16/9/24.

Admission Officer : Chequera. K

Sister In-charge

சென்னை துறைமுகம்
PORT OF CHENNAI
पोर्ट आफ चेन्नै
ISO 9001:2015 & ISPS Compliant

CHENNAI PORT AUTHORITY

MEDICAL DEPARTMENT

Office of the Chief Medical Officer,
Chennai Port Authority Hospital,
Chennai - 600 001,
Reference Number:CREF102059

Telephone:2536 2201 Extn: 2276
Fax:2536 0448
PO Number: 4102013037
Reference Date/Time:12/09/2024 10:59

From

The CHEIF MEDICAL OFFICER,
Chennai Port Authority Hospital,
Chennai -- 600 001,

CHIEF MEDICAL OFFICER'S OFFICE 007737 SEP 2024 Reg.No. Chennai Port Authority Hospital

Special Instruction
Patient should utilize this refrence letter within 10 days from the date of issue

To
THE DIRECTOR,
Medway Heart Institute
, No.9,1st Main Road,Adjacent to SBI Bank,, 600024

CGHS

SERVING

Sir,

Sub: MEDICAL AID - Referring for treatment / review - Reg

1.	Name Of The Patient	Mrs. MEENAKSHI N
2.	Age	57 Y
3.	Sex	Female
4.	Relationship	Sivakumar K / W/O
5.	Designation	ASST.DIRECTOR(EDP)
6.	Category	Class 1
7.	Department	Finance
8.	Diagnosis	POST CABG,ckd on hd,? RHEUMATOID ARTHRITIS
9.	Procedure/Reason for Referral	Post CABG with Infected wound Pus ++ for further management
10.	Serving Employee MR No. / Employee Code	MR No. 778-1 Employee Code 10000735

He / She is referred to your hospital for further evaluation and management.
He / She may be permitted for treatment from the date of Admission(ie)...12/9/24
He / She is again referred to you for review / Treatment....8/12
He / She may be provided Single/~~General~~ room accommodation.

Chennai Port Authority will pay (charges) / CGHS charges for ~~his~~ / her treatment. Bills in duplicate may be sent to this office within ONE WEEK of discharge of the patient for arranging payment. **In case of prolonged treatment , interim bill along with the progress of the patient should be sent fortnightly.**
This patient may be discharged and transferred to this hospital for further management as soon as ~~his~~ / her condition is stable.
THIS REFERRAL LETTER IS VALID FOR ONE TIME ONLY.

Yours faithfully
Dr. Cardiology
Medical Officer
N Padma 12/9/24
for **CHIEF MEDICAL OFFICER**

*Note:This is a computer-generated document. No signature is required