RAJ/ESI

ESI

Discharge on 27/8/24

Ht -

Kt -

CABG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better ! (A Unit of United Alliance Healthca)

Medway Heart Institute — Where heart beat never stops...

Patient Name: Mr.MOHAN AYYASWAMY(ESI)
56/Male/MHI202483411
22/08/2024/IPH2024001945

IP No. _____ Dr.RAJESH.V

Room No. ___ ___

D.O.A. 22/8/24 Time 1:00PM

Rent Per Day 204 GIH

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/8/24	13.35	ADMISSION	IInd FLOOR (204)	
23/8/24	12.20	204	CTOT	
23/08/24	17-10	CTOT	SICU	
25/08/24	10:40	SICU	General ward	

OPERATION THEATRE

Date	: 23/08/2024.		OT No.	: I	
Surgeon	: DR. RAJESH.		Start Time	: 13.00	
I Asst. Surgeon	: DR. PRAVEEN		End Time	: 17.10	
II Asst. ~~Surgeon~~	PA:- DEVI KALA		Dis. Pack	: -	
III Asst. Surgeon	: —		Diathermy	: USED	
Anaesthetist	: DR. SYLVESTER.		C-Arm	: —	
OT Nurse	: RADHIKA / FARINA		Arthroscopy	: —	
Name of Surgery	: OPCAB(CLOSED HEART)		Laproscopy	: —	
V/A MAN MAN SAW DRILLING USED ETO THINGS ₹1,000/- TO BE CHARGED			Sevoflurane / Isoflurane	: 3 hrs	
			Inj. Fentanyl	: 2ml 10ml/inj. monphi: —	
			Others	: —	

MONITOR

Date	Start	Date	Disconnect
23/8/24	17.32	25/8/24	10:40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
23/8/24	17.35	24.8.24	5:00

SYRINGE PUMP

Date	Start	Date	Disconnect
23/8/24	17.15	24.8.24	22:00
23/8/24	17.15	25.08.24	5:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
23/8/24	17.15	23/8/24	20.40

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
24/8/24	HB, urea, creatinine (10754)
25/8/24	HB, UREA, CREATININE, Na+, K+ (10797)
27/8/24	HB, urea, Cr+, Na+, K+ (0853)

(1) (5)

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

23/8/24	X-ray AP/BLS (10748)		
24/8/24	CXR AP/BLS (1) (10754)		
24/8/24	CXR AP/BLS → (2) (10791)		
25/8/24	CXR AP/BLS → (1) (10797)		
27/8/24	ECG, X-ray (0853)		

CBG (10)

DATE	NUMBERS	DATE	NUMBERS
22/8/24	1+1 (0845)		
24/8/24	1 (10780)		
24/8/24	1 (10791)		
25/8/24	1 (10797)		
26/8/24	1+1+1 (0845)		
27/8/24	1+1		

ABG (6)

DATE	NUMBERS	DATE	NUMBERS
23/08/24	2 (10746) OT	23/08/24	2 (10746) OT
23/8/24	1 (10748)	23/8/24	1 (10748)
23/8/24	2 (10754)		
24/8/24	1 (10754)		

ACT (3)

DATE	NUMBERS

PHYSIOTHERAPY

Date	
23/8/24	20:40
24/8/24	6:00 | 9:00 | 16:00
25/8/24	10:00 | 17:00
26/8/24	10:30AM | 6:00PM
27/8/24	10:00 AM

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
23/8/24	1+1+1		
24/8/24	1+1+1+1		
25/8/24	1+1+1+1		
26/8/24	1+1+1+1		
27/8/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh.	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24	27/8/24	—
Dr. Sylvester	22/8/24	—	—	—	—	—	—
Mrs. Catherine (Dietitian)	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24	—	—

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6508/- 27/8/24 RETURNS CHECKED :	529-CABH-11837 1 27/8/24

CROSS MATCHING :

RESERVATION PF BLOOD : 10 PRC reservation done on 22/8/24

STERILE TRAY USED : 1 SR TRAY. ① no used in SR tray on 24/8/24 ① used on 27/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Anthony

Sister In-charge

m P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

2618 KRW

6227412

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024042794	**Insurance No/Staff/ Pensioner Card**	: 5133803293
Name of the Patient	: Mr. Mohan Ayyaswamy	**Age/Gender** : 56 Years /Male	**UHID** : HKKN.0000264734
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks : PLAD on ART		
CGHS (Name and Code)*	: 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 30-Aug-2024		

डॉ.के.वी.बालिगा, एम.डी.(एम.ई.टी.),एम.डी.(ने
Dr. K.V BALIGA, M.D.,(MED),D.M.,(Nep
प्राध्यापक एवं विभाग प्रमुख / Professor & HO
सामान्य चिकित्सा / General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K.Nagar, Chennai-78

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lof

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS
Department Cardio-Thoracic-Vascular Surgery

Date & Time of Referral : 20-Aug-2024 09:44:25 AM

डॉ.के.वी.बालिगा, एम.डी.(एम.ई.टी.),एम.डी.(नेफरो)
Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
Name and Designation of the Referring Doctor
Dr. Krishna Venkatesh Baliga - PROFESSOR
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा / General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K.Nagar, Chennai-78

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY. Hospital for treatment of self or

for my father (relationship).

Date and Time: 20/8/24

M. Mohan

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

1/c 4 20.08.24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

The Medical Superintendent
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai-78

R. Mohan 20/8/24

N.B.

The entitlement . eligibility of the patient should also be verified through IP Portal at 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 : krivenba s

20-08-2024

9042904287