Ref: ESI

ESI

Discharge on 23/8/24

CABG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to bettr
(A Unit of United Alliance He

Mr.KULASEKARAN V(ESI)
Patient Nam 62/Male/MH1202483495
18/08/2024 IPH2024001899
IP No. ____ Dr.RAJESH.V
Room No. _

D.O.A. 18/8/24 Time 8:36 Am

Rent Per Day Gld

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
18/8/24.	9.00	ADMISSION	CCU - II	
19/8/24	12:00	II nd floor (CCU)	OT	
19/8/24	16:40	CTOT-I	SICU	0343
20/8/24	6:30 AM	SICU	CTOT	0349.
20/8/24	8 AM	CTOT-II	SICU.	0341.
21/8/24.	15:45	SICU.	CCU-II ING floor	

OPERATION THEATRE

Date	: 19/8/2024	OT No.	: CTOT-I
Surgeon	: DR.RAJESH	Start Time	: 12:00
I Asst. Surgeon	: DR.PRAVEEN	End Time	: 1640
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	: DR.AJEETHA	C-Arm	: -
OT Nurse	: SASIKUMAR.	Arthroscopy	: -
Name of Surgery	: CPCAB(CLOSED HEART)	Laproscopy	: -
MAN-MAN SAW DRILLING USED		~~Sevoflu~~rane / Isoflurane	: 2HRS 15MINS + 1HRS
ETOTHING ₹1000 TO RECHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
19/8/24	16:45	21/8/24	15:45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
19/8/24	16:45	22/8/24	10.00

SYRINGE PUMP

Date	Start	Date	Disconnect
19/8/24	16:45	21/8/24	10.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
19/20/8/24	8.05	20/8/24	11:40

VENTILATOR

Date	Start	Date	Disconnect

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
18/8/24	Urea, Creatine (0507)
20/8/24	HB, UREA, CREATININE (10553)
21/8/24	HB, urea, creatinine NA+, K+ (1061)
23/8/24	HB, UREA, CREAT, NA+, K+ (0698)

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

19/8/24	CXR A/P B/S - (1) (10543)		19/8/24
20/8/24	CXR A/P B/S - (1) (10553)		WARMER x 2 HRS.
21/8/24	CXR A/P B/S - (1) (10611)		
21/8/24	CXR A/P B/S - (1) (0619)		
23/8/24	CXR A/P B/S (0697)		
	ECG, (0697)		

CBG

DATE	NUMBERS	DATE	NUMBERS
12/2/24	1+/+1	23/8/24	1+1 (0718)
19/8/24	1 (0718)		
19/8/24	1 (0542)		
20/8/24	1 (10578)		
20/8/24	2 (0604)		
21/8/24	2 (10611)		
21/8/24	1 (0619)		
22/8/24	1+1+1 (0718)		

ABG

DATE	NUMBERS
19/8/24	2 (ET) (0542)
19/8/24	1 (10543)
20/8/24	1 (10553)
20/8/24	3 (10578)
20/8/24	2 (0604)
21/8/24	2 (10533)

ACT

DATE	NUMBERS
19/8/24	2 (ET) (0542)
19/8/24	1 (10543)

PHYSIOTHERAPY

Date	
19/8/24	17:00 | 21:00
20/8/24	6:00 | 10:00 | 11:40 | 16:00 | 21:00
21/8/24	6:00 | 10:00 | 16:00
22/8/24	10:00 | 17:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
19/8/24	1+1		
20/8/24	1+1+1+1		
21/8/24	1+1+1+1		
22/8/24	1+1+1+1		
23/8/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	18/8/24	19/8/24	20/8/24	21/8/24	22/8/24	23/8/24	—
DR. SYLVESTAR	18/8/24		←				
Mr. Ashwin (Dietician)	18/8/24	19/8/24	21/8/24	22/8/24	23/8/24	—	—
Ms. Sevathai (Psychologist)	22/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 86714 Recd 0.88 RETURNS CHECKED : 23/8/24.	118371 - 529 - CABG 23/8/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 ⓞ PCV Reservation done.
2 ⓞ PCV RESERVATION DONE ON 20.8.24 @ 06.

STERILE TRAY USED : SR Tray ① used on 23/8/24

TRANFUSION (BLOOD) 2 ⓞ PCV TRANFUSION DONE ON 19.8.24 & 20.8.24

ATTENDER'S HOLDING : 1 ⓞ PRBC Tranfusion IN (OT) (20.8.24)

OTHER PROCDURES :

Admission Officer : Jayanthi

Sister In-charge

2461 ICICV

6198769.

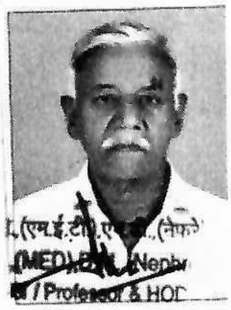
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024040360	**Insurance No/Staff/ Pensioner Card**	: 5131729486
Name of the Patient	: Mr. Kulasekaran Varadharaje	**Age/Gender** : 63 Years /Male	**UHID** : TN
UAN of IP	:		
Address/Contact No	: Default Default Default Kanchipuram Tamilnadu INDIA		
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 : TVD		
CGHS (Name and Code)*	: 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 16-Aug-2024		



Remarks Additional Clinical Information/Procedure/Investigation

28/8/24

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Dr. K.V. BALIGA, M... (MED)... (Nephro) प्राध्यापक एवं विभाग ... / Professor & HOD सामान्य दवा / क.रा.बी.नि. चिकित्सा महाविद्यालय E.S.I.C. Medical College & Hospital के.के.नगर, चेन्नई-78 / K.K.Nagar

Name of the empanelled hospital whereto refer

Hospital	MEDWAY HOSPITALS
Department	Cardio-Thoracic-Vascular Surgery

VALIDITY DATE EXTENDED UPTO 28/8/24

डॉ.के.वी.बालिगा, एम.डी.(एम.ई.डी.) डी.एम.(नेफ्रो)
Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / 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.

Date & Time of Referral : 06-Aug-2024 10:24:04 AM

Name and Designation of the Referring Doctor

Dr Krishna Venkatesh Baliga - PROFESSOR

Or Agreeing to / contradicting the above, I voluntarily choose MEDWAY Hospital for treatment of self or for my father (relationship).

Date and Time 6/8/24

K. Kasamo

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.

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

6/8/24

The Medical Superintendent
ESIC Medical College & Hospital
K.K. Nagar, Chennai-78

Manigachelvi J. Thamizhchelvi

6/8/24

6/8/24

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 fulfillment of other terms and conditions as defined in the contract/agreement.

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06-08-2024

ph - 9566874147