Roff ESI

ESI

H1-61
MT-72
Discharge on 11/9/24

AVR.

MHI/DP/2022/104

Medway Hospitals
The way to better health
(A Unit of United Alliance Healthcare)

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.ARUNPRASATH (ESI)
43/Male/MHI202483586
26/08/2024/IP112024001966
Dr.KAILASH A JAIN

Patient Name ______ D.O.A. 26/8/24 Time 10:29

IP No. ______

Room No. GW

TRANSFER DETAILS

Rent Per Day ______

Date	Time	From	To	Nurse's Signature
26/8/24	11.00	Admission	IInd FLOOR (GW)	[illegible]
27/8/24	7.50	IInd FLOOR	CTOT	[illegible]
27/8/24	13.20	CTOT	SICU	[illegible]
27/8/24	16.00	SICU	CTOT	Sonia 0071
27/8/24	17.15	CTOT	SICU	[illegible] 0349.
29/8/24	11.00	SICU	ICCU (I)	[illegible]

OPERATION THEATRE

Date : 27/8/24		OT No. :	OT I
Surgeon : Dr. Kailash		Start Time :	8.30
I Asst. Surgeon : Dr. Gphayoor		End Time :	13.20
II Asst. Surgeon : —		Dis. Pack :	—
III Asst. Surgeon : PA: Saritha		Diathermy :	used
Anaesthetist : Dr. Shapna		C-Arm :	—
OT Nurse : Mala / Thanikai / Christy		Arthroscopy :	—
Name of Surgery : AVR (open heart)		Laproscopy :	—
1 CTN manman Saw drill used		Sevoflurane / Isoflurane :	3 HRS
CTOT 1000 to be Charged		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
(X) Aortic Cannula (1:1) 1000 to be charged		Others	1×22mm Aortic flexcuff used

MONITOR

Date	Start	Date	Disconnect
27/8/24	13.25	29/8/24	11.00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
27/8/24	13.25	29/8/24	5.00

SYRINGE PUMP

Date	Start	Date	Disconnect
27/8/24	13.25	28/8/24	10.00
27/8/24	13.25	28/8/24	22.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
27/8/24	13.25	28/8/24	9.10

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
28/8/24	WBC (1097), Urea, Creatinine, PT INR (1092) (1092/1)
31/8/24	CBC, RFT (1067) PT INR 1067

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

27/8/24	CXR (B/S) AP - 10886		
27/8/24	ECG B/S - 10886		
28/8/24	ECG B/S IP (10911)		
29/8/24	CXR AP BS (10987)		
31/8/24	DLG, CXR PA (10688)		

CBG

DATE	NUMBERS	DATE	NUMBERS
26/8/24	1 (1102)		
27/8/24	1 (1107)		
28/8/24	1 (10911)		
29/8/24	1 (10970)		

ABG

DATE	NUMBERS	DATE	NUMBERS
27/8/24	(5) OT 10890	27/8/24	(5) OT 10890
28/8/24	2 (10911)		
28/8/24	1 (10911)		
29/8/24	1 (10987)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
26/8/24	17:00
27/8/24	14:30/23:00
28/8/24	9.50Am 16:00 21:00
29/8/24	5:30/9.30Am/
30/8/24	10:00 16:45
31/8/24	10:00 17:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
27/8/24	1+1+1		
28/8/24	1+1+1		
29/8/24	1+1+1		
30/8/24	1+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kailash Jain	26/8/24	27/8/24	28/8/24	29/8/24	30/8/24	31/8/24	1/9/24
Dr. Sapna	26/8/24	27/8/24					
Ms. Catherine (Dietitian)	26/8/24	27/8/24	28/8/24	29/8/24	30/8/24	1/9/24	
Ms. Sevathai (Psychologist)	31/8/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		535 - 96528 + value
BILL CLEARED :	130317 / 01878	T-1,99,548
RETURNS CHECKED :	31/8/24	31/8/24

OTP - 43,354.

CROSS MATCHING :

RESERVATION PF BLOOD : 3① PCV RESERVATION DONE by VENGAT STAFF

STERILE TRAY USED : SR Tray ① used on 31/8/24

TRANFUSION (BLOOD) 1 UNIT PRBC TRANSFUSED IN SICU ON 28/8/24

ATTENDER'S HOLDING :

OTHER PROCDURES : TEE PROBE 4D

Admission Officer :	Sister In-charge

Patient Name :
Age|Sex :
UHID No :

Mr.ARUNPRASATH (ESI)
43/Male/MHI202483586
26/08/2024:IP1I2024001966
Dr.KAILASH A JAIN

Date :- 27/8/24

Surgeon :- Dr. Kailash

Surgery :- AVR Coperheart

Special items :- 1.23mm Aortic ST. Jude

Cost :- MRP. 1,03030/flexoff

Qty :- 1 No

Vendor :- SJM Medicare.

SJM Regent™ Mechanical Heart Valve SJM™

(01)05414734006095(17)280925(21)31791224

REF 23AGFN-756 SN 31791224 2028-09-25

(Form P-1)

Employees State Insurance Corporation

2667
SMO

KK Nagar Chennai, TN (ESIC Model Hosp.)

6233889 Referral Letter

DO NOT MUTILATE THE QR CODE

Insurance No/Staff/ Pensioner Card : 5130480804

Age/Gender : 43 Years /Male

UHID : TN01.0010344845

Referral No	: Tamil2024043278
Name the Patient	: Mr. Arunprasath Ceeman
UAN of IP	:
Address/Contact No	: 567/2, AMMAN KOIL STREET, OOMANGALAM, VIRUDHACHALAM T.K cuddalore
Identification marks (if any)	: Tamilnadu INDIA
IP/Beneficiary/Staff	: IP
Relationship with IP/Staff	: Self
Entitled for Specialty Rx	: YES
Entitled Super Specialty Rx	: YES
Diagnosis	: ICD - Aortic (valve) stenosis - 135.0 Remarks :
CGHS (Name and Code)*	: 535 - MVR/AVR - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 05/September/2024

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

Name of the empanelled hospital whereto refer — Hospital: MEDWAY HOSPITALS; Department: Cardiology

Dr. S. USHALAKSHMI, M.D., FMMC.
Associate Professor
Department of Medicine
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai-600 078.

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

Date & Time of Referral : 22-Aug-2024 10:21:30 AM

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

Date and Time: ______

S. Arun Rasath

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ______ Department of ______ Hospital/Diagnostic

Centre for ______ (Reason/purpose for referral).

I/C 5 22.08.24

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

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

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

Dr. K. Sekar

A. SIVAKUMAR

22/8/24

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.

22-08-2024

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