RY / ESI,

PCI MVR

Discharge on 16/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare P-

Medway Heart Institute
Where heart beat never stops...

Patient Name _ Mrs.RADHIKA N (ESI)
34/Female/MHI202483650
10/09/2024/IP112024002123
Dr.KAILASH A JAIN

D.O.A. 10/9/24 Time 4.56PM

IP No. _____

Room No. ____ TRANSFER DETAILS Rent Per Day 2Ch.

Date	Time	From	To	Nurse's Signature
10/9/24	18-00	ADMISSION	204 (A) 1st floor	
11/9/24	7.45	204	CTOT	
11/9/24	13-25	CTOT	SDCU	
12/9/24	14.30	SDCU	SDCU	
13/9/24	10:00	SDICU	204 (B)	

OPERATION THEATRE

Date	: 11/9/2024	OT No.	: CTOT-D
Surgeon	: DR. KAILASH AJAIN	Start Time	: 8.15
I Asst. Surgeon	: DR. CHAYOOR AHMED	End Time	: 13-25
II Asst. ~~Surgeon~~	: PA - SARITHA	Dis. Pack	: —
III Asst. ~~Surgeon~~	:	Diathermy	: USED
Anaesthetist	: DR. SHAPNA	C-Arm	: —
OT Nurse	: MAZA / SASIKUMAR	Arthroscopy	: —
Name of Surgery	: MVR [OPEN HEART] VVA, MANMAN. DRILL SAW	Laproscopy	: —
		Sevoflurane / Isoflurane	: 3 HRS
USED; ETO THINGS RS1000 TO BE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: 1-27MM SJM MITRAL VALVE USED

MONITOR

Date	Start	Date	Disconnect
11/9/24	13.30	13/09/24	10:50

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
11/9/24	17.40	12/9/24	14:30

SYRINGE PUMP

Date	Start	Date	Disconnect
11/9/24	13.30	11/9/24	23:30
11/9/24	13.30	12/9/24	10.30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
11/9/24	13.30	11/9/24	17.40

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
12/9/24.	TC, UREA, CREATININE, PT INR, RBS (11693) (11704)
15/7/24	CBC, UREA, CREAT, NA+, K+ [illegible] (1898), PT INR (1898)

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

10/9/24	CXR PA (1617)		
11/9/24	CXR AP B/S (11682)		
11/9/24	ECG Bedside 11162		
12/9/24	ECG (11693)		
12/9/24	CXR (AP) B/S — (11730)		
16/9/24	ECG, Echo, x-ray AP view (11922)		

CBG

DATE	NUMBERS	DATE	NUMBERS
10/9/24	1+1 (11853)		
11/9/24	1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
11/9/24	2 (11662)	11/9/24	4 (11658) OT
11/9/24	3 OT (11658)		
11/9/24	1 (11699)		
12/9/24	1 (11693)		
12/9/24	1 (11736)		

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	
11/9/24	17:10.
12/9/24	9.15 / 16:20
13/9/2024	8.40 / 16.15
14/9/24	9.00 / 18.00
15/9/24	11.00
16/9/24	11.30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
11/9/24	1+1		
12/9/24	1+1+1+1		
13/9/24	1+1+1+1		
14/9/24	1+1+1+1		
15/9/24	1+1+1+1		
16/9/24	1+1+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Kailash Jain.	10/9/24	11/9/24	12/9/24	13/9/24	14/9/24	15/9/24	16/9/24
DR. Shapna varma (Anes)	10/9/24						
Ms. Catherine (Dietitian)	10/9/24	11/9/24	12/9/24	13/9/24	16/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 114894 Recd 0188 RETURNS CHECKED : 16/9/24.	535 - 96518 + Implant T-184543 16/9/24

OTP-26651.

CROSS MATCHING :

RESERVATION PF BLOOD : (A) (O) PCV Reservation done @. 10/9/24

STERILE TRAY USED : SR TRAY (1) no used Rw on 12/9/24

TRANFUSION (BLOOD) SR TRAY (C) used on 16/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES : ADTEE PROBE

Admission Officer :

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
12/09/2024	AUC/WS584 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		MECHANICAL HEART VALVE 27MJ-501	1	90213900	32211873	07/29	1	0	5 %	4205.48	84109.52	88315.00	84109.52

ITEMS : 1 QTY : 1 BASE : 84109.52 SGST : 2102.74 CGST : 2102.74 GST : 4205.48 Goods Value: 84109.52

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	84109.52	2102.74	2102.74	88315.00		CR	
						CD 0.00	0.00
						Rounded Net Amount	88315.00
						AXIS A/C : 922030011606851 IFSC : UTIB0001165	

Amount In Words : Eighty Eight Thousand Three Hundred Fifteen Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-RADHIKA-IP-2024002123-DR.KAILASH A JAIN
Customer Outstanding: **122462268.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UTI ID.....

DO NOT MUTI

Referral No	: Tamil2024045941	**Insurance No/Staff/ Pensioner Card**	: 5133149495
Name of the Patient	: Mrs. RADHIKA NEELAGANDAN	**Age/Gender** : 37 Years /Female	**UHID** : TN01.0015034
UAN of IP	:		
Address/Contact No	: No 10,Muthu Mariyamman Kovil Street Panapakkam, Serapananchery		
Identification marks (if any)	: Kanchipuram Tamilnadu INDIA		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	:		
CGHS (Name and Code)*	: 535 - MVR/AVR - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 15-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

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

Name of the **empanelled hospital whereto refer** **Hospital** MEDWAY HOSPITALS

Department Cardiology

Date & Time of Referral : 05-Sep-2024 10:29:11 AM

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

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

Date and Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic Centre for _____ (Reason/purpose for referral).

CERTIFIED ENTITLED FOR SST

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

Signature & Name

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

K.K. Nagar, Chennai-78

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

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