RY ESI

ESI

CAG

MHI/DP/2022/104

Medway Hospitals®
The way to better h
(A Unit of United Alliance Healthcar

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mrs.PREMA.M (ESI)
55/Female/MHI202483745
03/09/2024/IP1202400203
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 3/9/24 Time 10.32AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/9/24	10.35	ADM	RL	AM
3/9/24	12.00	RL	CATHLAB	DUTY.
3/9/24	13.20	Cath lab	RL	

OPERATION THEATRE

Date	: 3/9/24	OT No.	: Cath Lab II
Surgeon	: Dr. Jaishankar	Start Time	: 12.40
I Asst. Surgeon	:	End Time	: 13.00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RLN. Priya	Arthroscopy	:
Name of Surgery	: CAG	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

Date	Start	Date	Disconnect

(Form R-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6256451

2787/KKN

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024045143
Insurance No/Staff/ Pensioner Card : 5126307189
Name of the Patient : Ms. Prema M
Age/Gender : 55 Years /Female
UHID : NDBM.0000016394
UAN of IP : \2020_12_13\NDBM.0000016394_QR(
Address/Contact No : , , , Chennai Tamilnadu INDIA
Identification marks (if any) :
IP/Beneficiary/Staff : Beneficiary
Relationship with IP/Staff : Dependant mother
Entitled for Specialty Rx : YES
Entitled Super Specialty Rx : YES
Diagnosis : ICD - Mitral stenosis - I05.0 Remarks : Rhuematic heart disease/ severe MS/moderate MR
CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto 12-Sep-2024

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lackof facility

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

Dr. Nalini Kumara Velu 2/9/24

Date & Time of Referral : 02-Sep-2024 09:57:02 AM

Name and Designation of the Referring Doctor
Dr. Nalini Kumara Velu - PROFESSOR

Cr,Agreeing to / contradicting the above, I voluntarily choose Medway Hospital Hospital for treatment of self or for my mother (relationship).

Date and Time: 2/9/2024

M. Prema

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ________ Department of ________ Hospital/Diagnostic

Centre for ________ (Reason/purpose for referral).

FOR SST

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

Committee signature of

1.
2. KOTHAI
3. A SIVAKUMAR

2/9/24

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

Medical Superintendent
ESIC Medical College & Hospital
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 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 : nalikuma   Ph - 9841147521   02-09-2024

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 5941 / [signature] 0188 RETURNS CHECKED : 3/9/24.	T - 11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	[signature] 0158 Sister In-charge