RA ESL

ESI Discharge on 23/9/24 MUR.

MHI/DP/2022/104

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

BILLING CARD

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

Mrs.PREMA.M (ESI)
55/Female/MHI202483745
17/09/2024/IP112024002182
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 17/9/24 Time _____

IP No. _____ OTP-74,262

Room No. ___ Rent Per Day G/W /204

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/9/24	10:20	ADMISSION	IInd FLOOR (20 CVA	
18/9/24	13.00	IInd FLOOR	CTOT	
18/9/24	19.35	OT	SICU	
20/9/24	10:3-	SDIC	IIND FLOOR CVA	

OPERATION THEATRE

Date	: 18/9/24	OT No.	: II
Surgeon	: Dr KAILASH AJAN	Start Time	: 14.15pm
I Asst. Surgeon	: Dr-GHAZOOR AHMED	End Time	: 19.35
II Asst. Surgeon	: Ms ~~ANANTHA~~ Ms PRATHIKSHA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED.
Anaesthetist	: Dr SHAPNA VARMA	C-Arm	:
OT Nurse	: SN AKSHAYA	Arthroscopy	:
Name of Surgery	: MITRAL VALVE REPLACEMENT	Laproscopy	:
MANMAN SAW USED.		Sevoflurane / Isoflurane	: 3HRS
Rs. 1000 for DISPOSABLE - TO BE CHARGED.		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: TRANSTH Mechanical

MONITOR

Date	Start	Date	Disconnect
18/9/24	19.40	20/9/24	10.3-

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
~~18/9/24~~			

SYRINGE PUMP

Date	Start	Date	Disconnect
18/9/24	19,40	19/9/24	14:00
18/9/24	19.40	19/9/24	15.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
18/9/24	19.40	19/9/24	1.15

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
14/4/24	WBC, Ur, Cr, PT INR (10.14) (1.21)
22/9/24	CBC, Urea, Cr, Na+, K+, PT-INR (23.5)

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

18/9/24	CXR - AP - B/S (2112)		
18/9/24	ECG (2112)		
19/9/24	ECG (12117)		
19/9/24	CXR - AP B/S (12161)		
20/9/24	CXR, ECG, ECHO (2357)		

CBG

DATE	NUMBERS	DATE	NUMBERS
17/9/24	1+1 (2399)		
18/9/24	1+1		
19/9/24	1 (12117)		
19/9/24	2 (12145)		
20/9/24	1 (12186)		
20/9/24	1+1		
21/9/24	1+1+1 (2399)		
22/9/24	1+1		
23/9/24	1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
18/09/24	4 (12111) OT	18/09/24	5 (12111) OT
19/9/24	3 (12117)		
18/9/24	1 (2112)		
19/9/24	1 (12145)		
20/9/24	1 (12230)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
18/9/24	21:00 / 00:30
19/9/24	6:00 / 8:30 / 17.15 / 21:00
20/9/24	6:00 / 9:45 / 18.30
21/9/24	11:10 / 16.00
22/9/24	10:35 / 15:45

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
18/9/24	2		
19/9/24	3+1+1		
20/9/24	1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAILASH JAIN	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24	22/9/24	23/9/24
DR. SHEPNA	17/9/24						
Mrs. Catherine (Dietitian)	17/9/24	18/9/24	19/9/24	20/9/24	23/9/24		
Ms. Revathat (Psychologist)	21/9/24.						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	535 - valve replacement
BILL CLEARED : 16/9/24 / received 23/9/24.	96518 + Implant
RETURNS CHECKED :	24/09/24

T - 1,84,833

CROSS MATCHING :

RESERVATION PF BLOOD : 4 ⊙ PCV Reservation done. Confirm from Lavanya. 17/9/24

STERILE TRAY USED : 1 SR TRAY ⊙ no used in SW on 19/9/24.

TRANFUSION (BLOOD) SR Tray ⊙ used

ATTENDER'S HOLDING :

OTHER PROCDURES : TEE PROBE - 2D - TEE

Admission Officer : Shalini

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
19/09/2024	AUC/WS603 1/1
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		MECHANICAL HEART VALVE 27MJ-501	1	90213900	32225216	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
5 %	84109.52	2102.74	2102.74	88315.00

P(Disc)	DB		
	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-PREMA-IP-2024002182-DR.KAILASH A JAIN

Customer Outstanding: **123414437.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

2905/KKN

6274339

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046517	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 - Rheumatic heart disease, unspecified - I09.9 Remarks :		
CGHS (Name and Code)*	: 535 - MVR/AVR - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 19-Sep-2024		
Remarks Additional Clinical Information/Procedure/Investigation	MITRAL VALVE REPLACEMENT FOR MITI		
Reasons / Purpose for Referral Investigations/Rx/Procedure :	LACK OF FACILITY		

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

Date & Time of Referral : 09-Sep-2024 11:35:34 AM

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

Dr. N. Nalini Kumara Velu, M.D.
Professor & HOD
General Medicine
E.S.I.C. Medical College and Hospital,
K.K. Nagar, Chennai-78.

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

Date and Time: 9/9

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: 9/9/24

The 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

09-09-2024

Ph - 9841147502