

21
EST

Discharge on 21/9/24 159 70.85

MVR.
MHI/DP/2022/104



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

Mr. DIPAK BARIK (ESI)
40/Male/MHI202483855
15/09/2024-IP112024002164
Dr. KAILASH A JAIN




Patient Name _____

D.O.A. 15/9/24 Time _____

IP No. _____

OTP - 58812

Room No. _____

TRANSFER DETAILS Rent Per Day 2046/w.

Date	Time	From	To	Nurse's Signature
15/9/24	9:00	Admission	Doc. A	Sub
16/9/24	8:00	1st floor 204	CTOT	Sub
16/9/24	14:53	CTOT-II	SICU	Sub
18/9/24		SICU	ICU-1	Sub

OPERATION THEATRE

Date : 16/09/2024	OT No. : CTOT-II
Surgeon : DR. KAILASH A JAIN	Start Time : 8:30
I Asst. Surgeon : DR. GHAYOOR AHMED	End Time : 14:53
II Asst. Surgeon : DR. SARITHA	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : USED
Anaesthetist : DR. SHAPNA	C-Arm : -
OT Nurse : MALA	Arthroscopy : -
Name of Surgery : MVR (OPEN HEART)	Laproscopy : -
MAN MAN SAW DRILL USED	Sevoflurane / Isoflurane : - 3NBS
ETOTHING 5 E1000 TO BE CHARGED	Inj. Fentanyl : 2ml 10ml/inj. monphi: -
Apex to cannula (15) to be changed	Others STM MITRAL MECHANICAL HEART VALVE

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/9/24	14:55	18/9	11:30				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/9/24	14:55	18/9/24	8:30	16/9/24	14:55	17/9/24	23:00
				16/9/24	14:55	17/9/24	22:00
				16/9/24	14:55	17/9/24	23:00

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				16/9/24	14:55	16/9/24	19:20

[illegible]

Date _____

LABORATORY

17/9/24

WBC, UREA, CREATININE, PT, PTT (11950)

1619124

URINE ROUTINE (11935)

19/9/24

DT-TNR [2021]

20/9/24

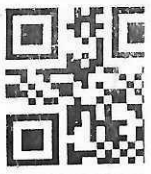
~~CRA, CWA, CACAL, NAC, K~~ [2196.]

[illegible]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE

UTI ID 6246119

Referral No : Tamil2024044936
 Name of the Patient : Mr. DIPAK BARIK
 UAN of IP :
 Address/Contact No : PLOT NO:1, KALAIVANAR STREET, CHINNA COLONY, ATHIPET, AMBATHUR
 Identification marks (if any) : Chennai Tamilnadu INDIA
 IP/Beneficiary/Staff : IP
 Relationship with IP/Staff : Self
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : ICD - Mitral stenosis - I05.0 Remarks :
 CGHS (Name and Code)* : 535 - MVR/AVR - Cardiovascular and Cardiac Surgery Procedures / Treatment /
 Investigations - No Of Sessions Allowed - 1 - Validity Upto - 10 Sep 2024 19/09/2024
 Mitral valve replacement

Insurance No/Staff/ Pensioner Card : 5133036151
 Age/Gender : 40 Years /Male
 UHID : TN01.0014817551



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

Date & Time of Referral :

09/09/2024
31-Aug-2024 12:27:42 PM

Name and Designation of the Referring Doctor

Ms. USHALAKSHMI S - Associate Professor

Or, Agreeing to / contradicting the above, I voluntarily choose Mandatory
 for my Self (relationship).

Hospital for treatment of self or

Date and Time:

09/09/2024

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to Department of Hospital/Diagnostic

Centre for / Reason/purpose for referral).

CRIFIED / ENTITLED FOR SST

Committee Members

Signature & Name
(VERIFIED & RECOMMENDED BY)

(Signature, Name & Designation)

Date & Time:

2 Dr. KOTHA
 3 A. SWAKUMAR

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time:

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

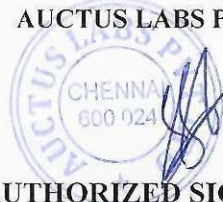
N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral should be governed by the rules and administrative instructions issued from time to time. Referred Hospital is instructed to provide 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 as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in contract/agreement.

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31-03

ucb-9176955007

AUCTUS LABS PRIVATE LIMITED										State Code : 33			
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										Place Of Supply : TAMILNADU			
CREDIT-BILL										GSTIN : 33AAMCA2113K1ZY			
To : 686 UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT CARDIAC KODAMBAKKAM CHENNAI 600024 PH :					Bill Date 17/09/2024		Bill No & Page No AUC/WS595 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	31921480	12/28	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-DIPAK BARIK-IP-2024002164-DR.KAILASH A JAIN													
Customer Outstanding: 122860951.00													
User Name HARI													
For AUCTUS LABS PRIVATE LIMITED  AUTHORIZED SIGNATORY													