ESI

Discharge on 1/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to (A Unit of United A

Medway Heart Institute Where heart beat never stops

Mr.RAJENDRAN.K(ESI)
60/Male/MHI202484066
29/08/2024/IP112024002001
Dr.RAJESH.V

Patient N
IP No. —
Room No

D.O.A. 27/8/24 Time 12.17Pm

TRANSFER DETAILS

Rent Per Day G/W

Date	Time	From	To	Nurse's Signature
29/8/24	12:40	Admission.	2nd floor (304)	
30/8/24	8:00	2nd floor (304	CTOT	
30/8/24	14:00	CTOT	SICU	
1/9/24	17:00	SICU	2nd floor (W(3)	

OPERATION THEATRE

Date	: 30/8/24	OT No.	: OT-1
Surgeon	: Dr. Kailash Jain	Start Time	: 8:20AM
I Asst. Surgeon	: Dr. ghayoor	End Time	: 14:00
~~II Asst. Surgeon~~	: Sasidhar	Dis. Pack	:
~~III~~ Asst. Surgeon	:	Diathermy	: ✓
Anaesthetist	: Dr. Shepne	C-Arm	:
OT Nurse	: mala / thanigai / radhika	Arthroscopy	:
Name of Surgery	: opCAB [Closed Heart]	Laproscopy	:
+ CIA, MAMMARY SAW DRILL USED		Sevoflurane / Isoflurane	: 3 hrs
RS. 1000 ETO TO BE CHARGE		Inj. Fentanyl	: 2ml 10ml inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
30/8/24	14:05	1/9/24	17:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/8/24	14:05	31/8/24	2:00

SYRINGE PUMP

Date	Start	Date	Disconnect
30/8/24	14:05	31/8/24	8:30
30/8/24	14:05	31/8/24	9:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
30/8/24	14:05	31/8/24	10:20

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
31/8/24	WBC, urea, creatinine (11075)
3/8/24	CBC (11087)
3/9/24	HB, urea, creatinine, uric acid (1196)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
30/8/24	CXR A/P B/S - ① (11054)		
30/8/24	ECG (11054)		
31/8/24	ECG (11075)		
1/9/24	CXR A/P B/S (1136)		
3/9/24	ECG / CXR (1196)		

CBG (3)				ABG (10)		ACT (5)	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
29/8/24	1 (1196)			30/8/24	2 (11061)	30/8/24	4 (11061)
30/8/24	1			30/8/24	2 (11054)	30/8/24	1 (11075)
1/9/24	1 (1133)			30/8/24	3 (11076)		
				31/8/24	3 (1120)		

Date	PHYSIOTHERAPY
30/8/24	21:00
31/8/24	9:00 / 10:30 / 17:00
1/9/24	9:30 / 17:00
2/9/24	10:00 / 17:35
3/9/24	10:00 / 17:00
4/9/24	10:00

NEBULIZER				OTHERS			
neb. mucomix		neb. Flohale		ned. duolin			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
30/8/24	2+1	30/8/24	1	30/8/24	1		
30/8/24	1+	31/8/24	1+1	31/8/24	1+1		
31/8/24	1+1+1	1/9/24	1+1	1/9/24	1+1		
1/9/24	1+1+1+1	2/9/24	1+1	2/9/24	1+1		
2/9/24	1+1+1	3/9/24	1+1	3/9/24	1+1		
3/9/24	1+1+1	4/9/24	1+0	4/9/24	1		
4/9/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh.	29/8/24	30/8/24	31/8/24	1/9/24	2/9/24	3/9/24	4/9/24
Dr. sapna.	29/8/24						
mrs. cathrine (dietition)	29/8/24	30/8/24	3/9/24	4/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 106232 / 9eeey 01 RETURNS CHECKED : 4/9/24.	529-CABG-118571 4/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 2 ⊖ PRC reservation done.

STERILE TRAY USED : SR Tray ① used on 4/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE

Admission Officer : AARTHI	Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6242586

Referral Letter

27/8/24 SMO

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043990	**Insurance No/Staff/ Pensioner Card**	: 5208016496
Name of the Patient	: Mr. K Rajendran	**Age/Gender** : 60 Years /Male	**UHID** : AP01.0001783989
UAN of IP	:		
Address/Contact No	: THONDUR (V), SATHYAVEDU MANDALAM CHITTOOR. Hyderabad Andhra		
Identification marks (if any)	: Pradesh INDIA -		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 06-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

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

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS

Department Cardio-Thoracic-Vascular Surgery

Dr K.V. BALIGA, M.D.,(MED),D.M.(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
के.ग.चि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K.Nagar, Chennai-78.

Date & Time of Referral : 27-Aug-2024 09:17:23 AM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Balga - PROFESSOR

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

Date and Time: 27/8/24

K Rajendran

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:

Tiruvallur 27/8/24

27.08.24

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

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.

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27-08-2024

MW/LH/202406/283697