RM
BT

ISE

Discharge on 1/10/24 6A.65 165

AUR

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.RAJARAMAN NADARAJAN (E
54/Male/MHI202484956
26/09/2024/IP1I2024002270
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 26/9/24 Time 9.39 AM.

IP No. _____ OTP-61841

Room No. _____ TRANSFER DETAILS. Rent Per Day 208

Date	Time	From	To	Nurse's Signature
26/9/24	10:15	Admission	2nd F-208A	
27/9/24	7:45	2nd floor. 208A	OT	
27/9/24	14.30.	OT	SICU	
28/9/24.	12:45	SICU	SDICU.	
29/9/24	10:45	SDICU	204	

OPERATION THEATRE

Date	: 27/9/24	OT No.	: CTOT - 1
Surgeon	: DR. KAILASH A JAIN	Start Time	: 9.40
I Asst. Surgeon	: DR. GHAYOOR AHMED	End Time	: 14.30
II Asst. Surgeon	:	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SHAPNA VARMA	C-Arm	: -
OT Nurse	: SASI	Arthroscopy	: -
Name of Surgery	: AVR (OPEN HEART)	Laproscopy	: -
RS. 1000/- TO BE CHARGED TO ETO		Sevoflurane / Isoflurane	: ISOFLURANE 3HRS
Mamman Saw drill Used.		Inj. Fentanyl	: 2ml 10ml/inj. monphi: 2
		Others	: -

MONITOR

Date	Start	Date	Disconnect
27/9/24	14:30.	29/9/24	10:45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
27/9/24	14:30	29/9/24	9:00

SYRINGE PUMP

Date	Start	Date	Disconnect
27/9/24	14:30	28/9/24	00:30
27/9/24	14:30	28/9/24	10:30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
27/9/24	14:30.	27/9/24	18:30

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
28/9/24	WBC, Urea, creatinine, PT (12706)
1/10/24	Hb, TC, urea, creat, Na+, K+, PT-INR (2884)

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

27/9/24	ECG (12695)		
27/9/24	CXR A/P BLS (12695)		
28/9/24	ECG (12706)		
28/9/24	CXR A/P (BLS) (12741)		
1/10/24	ECG, Xray, ECHO (2222)		

CBG

DATE	NUMBERS	DATE	NUMBERS
26/9/24	1+ (7899)		
28/9/24	1 (12706)		
28/9/24	1 (12576)		
29/9/24	1 (12769)		

ABG

DATE	NUMBERS	DATE	NUMBERS
27/9/24 OT	(4) 12697	27/9/24 OT	(5) 12697
28/9/24	1 (12706)		
28/9/24	1 (12741)		
29/9/24	1 (7772)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
[illegible]	[illegible]
27/9/24	15.30 / 18.30 / 22.00
28/9/24	5.00 / 10:10 / 11.30 / 22.00
29/9/24	5.30 / 9:45 / 15:45
30/9/24	9.45 / 16:45
1/10/24	10.45

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
27/9/24	1+1+		
28/9/24	1+1+1		
29/9/24	1+1+1+1		
30/9/24	1+1+1+1		
1/10/24	1+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kallash jain	26/9/24	27/9/24	28/9/24	29/9/24	30/9/24	01/10/24	—
Dr. SITAPNA	26/9/24	—	—	—	—	—	
MRS. Catherine (Dietitian)	26/9/24	27/9/24	28/9/24	01/10/24	—	—	—
Ms. Sevakumar (Phy)	30/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	535 - AvR - 96518 + value
BILL CLEARED : 1,99,707.00 6215	1/10/24
RETURNS CHECKED : 01/10/24	

T-1,09,548

CROSS MATCHING :

RESERVATION PF BLOOD : 4 ODU reservation above on 28/9/24

STERILE TRAY USED : SR TRAY ✓ no used ii Sur on 28/9/24
SR Tray ✓ used,

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 4DTEE PROBE

Admission Officer : Aarthi.	30/11 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
28/09/2024	**AUC/WS644 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	1 NA	MECHANICAL HEART VALVE 21AGFN-756 AORTIC	1	30049099	32000931	02/29	1	0	5 %	4906.19	98123.80	103030.0	98123.80

ITEMS : 1 QTY : 1 BASE : 98123.80 SGST : 2453.10 CGST : 2453.10 GST : 4906.19 Goods Value: 98123.80

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	98123.80	2453.10	2453.10	103029.99		CR		
						CD	0.00	0.00
					Rounded Net Amount			**103030.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : One Lakhs Three Thousand Thirty Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-RAJARAMAN NADARAJAN-IP-2024002270-DR.KAILASH A JAIN

Customer Outstanding: 126121725.00

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY

(Fo. [illegible])

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6296226

SMO 3028

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024048152	**Insurance No/Staff/ Pensioner Card**	: 5134834854
Name of the Patient	: Mr. RAJARAMAN .	**Age/Gender** : 54 Years /Male	**UHID** : HKKN.0000273964
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
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 - 28-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

Name and Designation of the Referring Doctor
Dr. Abarna devi S - ASSISTANT PROFESSOR

Date & Time of Referral : 18-Sep-2024 11:40:47 AM

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

Date and Time: 18/9

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:

18/9/24

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

चिकित्सा अधीक्षक
MEDICAL SUPERINTENDENT
ई.एस.आई.सी. अस्पताल : के.के.नगर,
E.S.I.C. HOSPITAL : K.K. NAGAR,

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.

18-09-2024

Printed By : abars

ph- 88700 20204