

REF: CPT

CABG

Chennai Port Trust

Discharge on 7/9/24

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. SEKHAR S G (CPT)

67/Male/MHI202485058

02/09/2024/1P112024002029

IP No.

Dr. RAJESH V

Room No.



TRANSFER DETAILS

Rent Per Day Cr/wD.O.A. 02/09/24 Time 11:28 AM

Date	Time	From	To	Nurse's Signature
2/9/24	11:40	ADMISSION	2nd floor (utw)	Jeyson
3/9/24	08:00	2nd floor (G1W2)	OT	2/9/24
3/9/24	12:50	CTOT-II	SICU	#0343
4/9/24	17:45	Siw	Gw-1	Radhika

OPERATION THEATRE

Date	: 3/9/2024	OT No.	: CTOT-II
Surgeon	: DR. KAILASH A. JAIN	Start Time	: 8:20
I Asst. Surgeon	: DR. GHAYOOR AHMED	End Time	: 12:50
II Asst. Surgeon	: DR. SARITHA	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	: DR. SHAPNA	C-Arm	: -
OT Nurse	: S/W RADHIKA / Christy	Arthroscopy	: -
Name of Surgery	: MIDCAB (CLOSED HEART)	Laproscope	: -
ETOTHINGS 21000 TO RECHARGE		Sevoflurane / Isoflurane	: 2HRS 05min
		Inj. Fentanyl	: 2ml 10ml/inj. morphine: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3.9.24	12:50	4/9/24	17:45				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3.9.24	12:50	4/9/24	5:30	3.9.24	12:50	3/9/24	20:00

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

[illegible]

① ① ①

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

3/9/24	Chest X-Ray A/P B/Ls - 1 (11209)		
4/9/24	CXR A/P B/Ls - ① (1234)		
4/9/24	CXR A/P B/Ls - ① DR (11243)		
6/9/24	CXR, ECG, ECHO (1356)		
	ECHO (1383)		

CBG ①

ABG ④

ACT ③

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
2/9/24	1+3 (1345)			3/9/24	1 (11209)	3/9/24	1 (11209)
3/9/24	1+ (1345)			3/9/24	2 (11212) (OT)	03/09/24	2 (11212) (OT)
				4/9/24	1 (1234)		

OT

Date

PHYSIOTHERAPY

3/9/24	17:45
4/9/24	9:00 / 18:30
5/9/24	11:10 / 19:30
6/9/24	10:00

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
3/9/24	1+1						
4/9/24	1+1+1+1						
5/9/24	1+1+1+1						
6/9/24	1+1+1+1						
7/9/24	1+						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rejosh.	01/09/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24	—
Dr. Psarveen	2/9/24						
Ms. Catherine (Dietitian)	2/9/24	3/9/24	4/9/24	6/9/24			

PHARMACY

OT DRUGS REPLACED :

RETURNS CHECKED

529-CABG- 118371

C. R. H.
6/6/24

CROSS MATCHING :

STERILE TRAY USED :

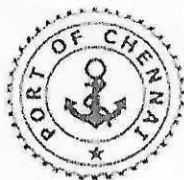
TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES :

Admission Officer :

Sister In-charge



சென்னை துறைமுகம்
PORT OF CHENNAI
पोर्ट ऑफ चेन्नै
ISO 9001:2015 & ISPS Compliant

CHENNAI PORT AUTHORITY

MEDICAL DEPARTMENT

Office of the Chief Medical Officer,
Chennai Port Authority Hospital,
Chennai - 600 001,
Reference Number: CREF099988

Telephone: 2536 2201 Extn: 2276

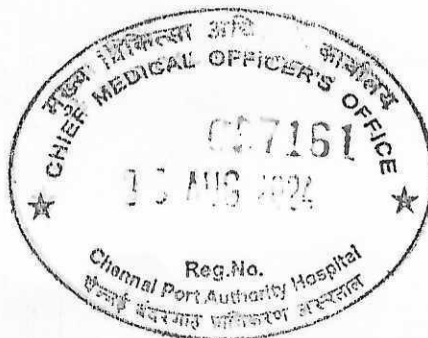
Fax: 2536 0448

PO Number: 4102012602

Reference Date/Time: 30/08/2024 11:10

From

The CHIEF MEDICAL OFFICER,
Chennai Port Authority Hospital,
Chennai -- 600 001,



Special Instruction

Patient should utilize this reference letter within 10 days from the date of issue

To

THE DIRECTOR,
Medway Heart Institute
. No.9, 1st Main Road, Adjacent to SBI Bank., 600024

CGHS

RETIRED

Sir,

Sub: MEDICAL AID - Referring for treatment / review - Reg

1.	Name Of The Patient	Mr S. G. SEKHAR
2.	Age	67 Y
3.	Sex	Male
4.	Relationship	Self
5.	Designation	R/shed master
6.	Category	Class 3 Pensioner
7.	Department	Traffic
8.	Diagnosis	CAD-SEVERE TVD/IHD/CHRONIC ANGINA
9.	Procedure/Reason for Referral	waiting for CABG
10.	Retired Employee PPO No..., Challan No..., Date & Amount (for retired employees)	MR No. 1426-R Employee Code 70011116 PPO No 17089

He / She is referred to your hospital for further evaluation and management.

He / She may be permitted for treatment from the date of Admission (ie).....

He / She is again referred to you for review / Treatment..... IP

He / She may be provided Single / General room accommodation.

General room

Chennai Port Authority will pay (charges) / CGHS charges for his / her treatment. Bills in duplicate may be sent to this office within ONE WEEK of discharge of the patient for arranging payment. **In case of prolonged treatment, interim bill along with the progress of the patient should be sent fortnightly.**

This patient may be discharged and transferred to this hospital for further management as soon as his / her condition is stable. **THIS REFERRAL LETTER IS VALID FOR ONE TIME ONLY.**

Yours faithfully

Dr. Cardiology

Medical Officer

for CHIEF MEDICAL OFFICER

*Note: This is a computer-generated document. No signature is required