REF! CPT CABG Chennai POTI TRUST

Discharge on 7/9/24

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.SEKHAR S G (CPT)
67/Male/MHI202485058
02/09/2024/IP1I2024002029
Dr.RAJESH.V

D.O.A. 02/09/24 Time 11:28 AM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day G/W

Date	Time	From	To	Nurse's Signature
2/9/24	11.40	ADMISSION	IInd Floor (CTVS)	
3/9/24	08:00	IInd floor (CTVS)	OT	
3/9/24	12:50	CTOT-II	SICU	#0343
4/9/24	17.45	SICU	CW-1	

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	: DA: SARITHA	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: USED
Anaesthetist	: DR SHAPNA.	C-Arm	:
OT Nurse	: S/N RADHIKA (CVTS)	Arthroscopy	: –
Name of Surgery	: MIDCAB (CLOSED HEART)	Laproscopy	: –
ETOTHINGS ₹1000 TORE CHARGED		~~Sevoflurane~~ / Isoflurane	: 2HRS 05min
		Inj. Fentanyl	: 2ml 10ml/inj. monphi: –
		Others	: –

MONITOR

Date	Start	Date	Disconnect
3.9.24	12:50	4/9/24	17.45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3.9.24	12:50.	4/9/24	5:30

SYRINGE PUMP

Date	Start	Date	Disconnect
3.9.24	12:50	3/9/24	20.00.

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

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
2/9/24	Urine routine (1202)
4/9/24	HB, UREA, CREATININE (1237)
5/9/24	Hb, Urea, Cr, Na+, K+ (1136)

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

3/9/24	Chest X-RAY A/P B/S - 1 (11209)		
4/9/24	CXR A/P B/S - (1) (11237)		
4/9/24	CXR A/P B/S - (1) DR (11273)		
6/9/24	CXR, ~~ECG, ECHO~~ (13561)		
	~~ECHO~~ (13383)		

CBG

DATE	NUMBERS	DATE	NUMBERS
2/9/24	~~1+~~ 3 (13456)		
3/9/24	1+ (13456)		

ABG

DATE	NUMBERS	DATE	NUMBERS
3/9/24	1 (11209)	3/9/24	1 (11209)
3/9/24	2 (11212) (OT)	03/09/24	2 (11212) (OT) OT
4/9/24	1 (11237)		

ACT

PHYSIOTHERAPY

Date	
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

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+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh.	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24	—
Dr. Praveen	2/9/24						
MS. Calhwine (Dietitian)	2/9/24	3/9/24	4/9/24	6/9/24	—	—	—

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 7/3/24 / 9/9/24 0.188 RETURNS CHECKED : 6/9/24.	529 - CABG - 118371 C. 6/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 10 PU reservation done on 2/9/24

STERILE TRAY USED : SR TRAY ① no used in SW
SR Tray ① used on 4/9/24

TRANFUSION (BLOOD) 6/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

சென்னை துறைமுகம்
PORT OF CHENNAI
पोर्ट आफ 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

CHIEF MEDICAL OFFICER'S OFFICE
CT7161
13 AUG 2024
Reg.No.
Chennai Port Authority Hospital

From

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

Special Instruction
Patient should utilize this refrence 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