



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. GURUMURTHI G (ESI)

47/Male/MHI202485129

22/08/2024/1P112024001941

D.O.A. 22/8/24 Time 10:41

IP No.

Dr. K. JAISHANKAR

Room No.

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
22/8/24	10:41	Admission	RL	
22/8/24	11:25	RL	CATH LAB	
22/8/24	12:15	CATH LAB	RL	

OPERATION THEATRE

Date	: 22/08/24	OT No.	: CATH LAB-T
Surgeon	: Dr. Jaishankar K	Start Time	: 11:45
I Asst. Surgeon	:	End Time	: 12:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024041634
 Name of the Patient : Mr. GURUMURTHI G
 UAN of IP :
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Spouse
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : I20 - Rheumatic heart disease, unspecified - I09.9 Remarks :
 CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedure
 Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 23-Aug-2024

Insurance No/Staff/ Pensioner Card

: 5134238003

Age/Gender : 47 Years /Male

UHID : MENJ.0000003037



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

Diagnostic Cardiology

 डॉ.के.वी.बालिगा
 Dr. K.V. BALIGA

 प्राध्यापक एवं निदेशक
 सामान्य रोग / General Medicine

Date & Time of Referral : 13-Aug-2024 09:57:40 AM

Name and Designation of the Referring Doctor

Dr. Krishna VEnkater Baliga PROFESSOR

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

MEDWAY Hospital

Hospital for treatment of self or

Date and Time:

13/8

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:

 Dr. Krishna VEnkater Baliga
 13/8/24

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time:

 13/8/24
 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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13-08-2024

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