

Discharge on 17/9/24

CABG
MHI/DP/2022/104

BILLING CARD



Mrs. EIANRAKAE E [ESI]
62/Female MHI202485178
11/09/2024/1P112024002131
Dr. RAJESH V



Patient Name _____ D.O.A. 11/9/24 Time 1.57pm
IP No. _____
Room No. _____

TRANSFER DETAILS Rent Per Day G/W 204

Date	Time	From	To	Nurse's Signature
11/9/24	14.30	ADMISSION	END FLOOR Rm 204	
11/9/24	8.00	204	CTOT	
12/9/24	12.55pm	OT P	SICU	
14/9/24	10.25	SICU	SICU GW	

OPERATION THEATRE

Date : 12/9/24	OT No. : I
Surgeon : Dr. KAILASH AJAIN	Start Time : 8.15am.
I Asst. Surgeon : Dr. GHAYOOR AHMED	End Time : 12.55pm.
II Asst. Surgeon : Mr. SARITHA (PA)	Dis. Pack :
III Asst. Surgeon : -	Diathermy : Used.
Anaesthetist : Dr. SHARNA VARMA	C-Arm : -
OT Nurse : CHIMAA / JIANIKARAO	Arthroscopy : -
Name of Surgery : OP CAB (Closed heart)	Laproscopy : -
MAN-MAN SAW DRILL USED	Sevoflurane / Isoflurane : 2.30 hrs
ETOTHINGS 21000 TO BE CHARGED	Inj. Fentanyl : 2ml 10ml/inj. morphine:
	Others :

MONITOR

Date	Start	Date	Disconnect
11/09/24	13:00	14/9/24	10:15

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
12/09/24	17:30	14/09/24	6:30

SYRINGE PUMP

Date	Start	Date	Disconnect
12/09/24	13:00	12/9/24	16:00.

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
12/09/24	13:00	12/09/24	17:00.

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
02/9/24	Chest X-Ray Alp BLS 1 (11729)		
02/9/24	ECG BLS 1 (11729)		
13/5/24	ECG 1 (11753)		
13/9/24	CXR (Alp) BLS - (1) 11786		
16/9/24	CXR, ECG, ECHO (11921)		

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
11/9/24	1+1 (2005)			12/9/24 ^(OT)	11723 (2)	12/9/24 ^(OT)	11727 (3)
12/9/24	1+			12/9/24	1 (11729)		
13/9/24	2 (11786)			12/9/24	2 (11743)		
14/9/24	1 (11816)			13/9/24	2 (11753)		
15/9/24	1+1+17			13/9/24	1 (11789)		
16/9/24	1+1+1 (2005)						
17/9/24	1+1+						

PHYSIOTHERAPY

12/9/24	17:05
13/9/24	8:00 / 17:00
14/9/24	9:00 / 18:00
15/9/24	12:30
16/9/24	12:00 / 15:00

OTHERS

				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
12/9/24	1 + 1 + 1						
13/9/24	1 + 1 + 1						
14/9/24	1 + 1 + 1 + 1						
15/9/24	1 + 1 + 1 + 1						
16/9/24	1 + 1 + 1 + 1						
17/9/24	1 + 1						

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024041646
 Name of the Patient : Ms. Elanraael E
 UAN of IP :
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Mother
 Ward / SST Eligibility : General Ward / Yes
 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 /

Insurance No/Staff/ Pensioner Card : 161320
 Age/Gender : 62 Years /Female

UHID : HKKN.0000142079



Remarks Additional Clinical Information/Procedure/Investigation

GRAFTS TO LAD, MAJOR OM, PDA

Reasons / Purpose for Referral Investigations/Rx/Procedure :

LOF

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardio-Thoracic-Vascular Surgery

Date & Time of Referral : 13-Aug-2024 10:12:37 AM

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh Baliga - PROFESSOR

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

Hospital for treatment of self or

Date and Time:

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:

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time:

ESIC Model 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 per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

ted By : krivenba

13-08-2024

ph - 9840157482