ESI

Discharge on 24/8/24

PTCA

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better h...
(A Unit of United Alliance Healthc...

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.BASKARAN (ESI)
50/Male/MHI202485275
22/08/2024/IP112024001942
Dr.G. GNANAVELU

IP No. _____

Room No. ___

D.O.A. 22/8/24 Time 10.50AM

TRANSFER DETAILS Rent Per Day G/W

Date	Time	From	To	Nurse's Signature
22/8/24	11:45	Admission	CWA.	
22/8/24	13:00	Ward	Cath Lab	
22/8/24	16.00	Cath lab	CCU	
23/8/24	11:00	CCU.	CWC 2)	

OPERATION THEATRE

Date	: 22/8/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 14.30
I Asst. Surgeon	:	End Time	: 15.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bavatharini	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
22/8/24.	16:00	23/8/24	10:20.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
22/8/24	14.50	22/8/24	19.00

INJ 6m

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
23/8/24	Urea, Creat (0708)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
22/8/24	ECG - 1 (0708)		
23/8/24	ECG - 1 (0708)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
22/4/24	1 (0708)						
23/8/24	1 (0708)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gnanavelu	22/8/24	23/8/24	24/8/24				
Mr. Gowri (Dietician)	22/8/24	23/8/24	24/8/24				
Ms. Sevathal (Psychologist)	23/8/24.						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	545 - 75353 - PTCA + Stent ₹ 1,10,92
BILL CLEARED : 19025/- 24/8/24	24-08-24
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

6227405

(Form F-1)

2619 SMO

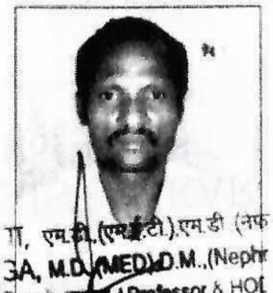
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024042812
Insurance No/Staff/ Pensioner Card	: 5130088205
Name of the Patient	: Mr BASKARAN
Age/Gender	: 50 Years /Male
UHID	: TN01.0012702013
UAN of IP	:
Address/Contact No	: Default Default Default Chennai Tamilnadu INDIA
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 - Acute ischaemic heart disease, unspecified - I24.9 Remarks :
CGHS (Name and Code)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed 1 Validity Upto 30-Aug-2024



Remarks Additional Clinical Information/Procedure/Investigation: PTCA   CBCA (on...)

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

Name of the empanelled hospital whereto refer — **Hospital** MEDWAY HOSPITALS, **Department** Cardiology

डॉ.के.वी. बालिगा, एम.डी.(एम.ई.डी.),डी.एम. (नेफ्रो)
Dr. K.V. BALIGA, M.D.(MED),D.M.,(Nephro)
आचार्य एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K. Nagar Chennai-78

Date & Time of Referral : 20-Aug-2024 10:05:08 AM

Name and Designation of the Referring Doctor
Dr. Krishna Venkatesh Baliga - PROFESSOR

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

Date and Time 20/8/24

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

1.
2. RMO RK G. Sundeeo
3. SCFhs

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time 20.08.24

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 / 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.

Printed By : krivenba   9042129621   20-08-2024

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
23/08/2024	**AUC/WS520 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 30022X 3.00X22	1	30049099	0012124737	01/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2		RYUREI BALLOON RX 2.00MM-10MM	1	30041010	240311	02/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00

ITEMS : 2 QTY : 2 BASE : 33249.52 SGST : 1161.64 CGST : 1161.64 GST : 2323.28 Goods Value: 33249.52

Category	.Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	23809.52	595.24	595.24	25000.00		CR	
12 %	9440.00	566.40	566.40	10572.80		CD 0.00	0.00
					Rounded Net Amount		**35573.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Thirty Five Thousand Five Hundred Seventy Three Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-BASKARAN-IP-2024001942-DR.GNANAVELU

Customer Outstanding: **116173815.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY