

R1
ES5

ESI

Discharge on 26/8/24

PTCA

MHI/DP/2022/104



BILLING CARD



Mr. PARTHASARTHY (ESI)
 54/Male/MHI02485302
 24/08/2024/IP112024001957
 Dr. G. GNANAVEILU
 Room No. _____

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

...ANSFER DETAILS

Rent Per Day G/W

Date	Time	From	To	Nurse's Signature
21/8/24	11.00	Admission	111D-FLOR (GWI)	
24/8/24	11.40	Transfer	Cath Lab	
24/8/24	13.50	Cath Lab	CCU	
25/8/24	10.50	CCU	GENERAL WARD (GWI)	

OPERATION THEATRE

Date	: 24/8/24	OT No.	: Cath Lab-5
Surgeon	: Dr. Gnanaveilu	Start Time	: 12.05
I Asst. Surgeon	:	End Time	: 13.35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R. S. Gandhi	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/8/24	14:00	25/8/24	10:50				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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]

②
- ECG / E

[illegible]

(6)

ABG

ACT

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

OTHERS

[illegible]

[illegible]



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024042849

Name of the Patient : Mr. Parthasarthy

UAN of IP :

Address/Contact No : 3/200,AMMAN KOIL ST KATTUPAKKAM CHENNAI Chennai Tamilnadu INDIA

Identification marks (if any) :

IP/Beneficiary/Staff : Beneficiary

Relationship with IP/Staff : Spouse

Entitled for Specialty Rx : YES

Entitled Super Specialty Rx : YES

Diagnosis : ICD - Acute ischaemic heart disease, unspecified - I24.9

CGHS (Name and Code)* : 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular

Remarks : डॉ.के.वी.बालिगा, ए.एम.डी. (नेफ्रो) (एम.डी.टी.) एम.डी. (नेफ्रो) (MED) D.M. (Nephro) प्राध्यापक एवं विभाग मुख / Professor & HOD सामान्य दवा / General Medicine

Remarks Additional Clinical Information/Procedure/Investigation

PCI TO LAD

PCI TO LCX

lack of facility

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardiology

डॉ.के.वी.बालिगा, ए.एम.डी. (नेफ्रो) (एम.डी.टी.) एम.डी. (नेफ्रो)

Dr. K.V. BALIGA, M.D. (MED) D.M. (Nephro)

प्राध्यापक एवं विभाग मुख / Professor & HOD

सामान्य दवा / General Medicine

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh

E.S.I.C. Medical College & Hospital

K.K. Nagar, Chennai-78

Date & Time of Referral : 20-Aug-2024 10:45:29 AM

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

MEDWAY

Hospital for treatment of self or

Signature/Thumb Impression of IP/Beneficiary/Staff

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:

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time:

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.

Printed By : krivenba

20-08-2024

ph-7894692531
7904837244

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
26/08/2024
Bill No & Page No
AUC/WS529 1/1
Terms
IS-INTERNAL SALES
Salesman Name
4-PATIENT
GSTIN
33AABCU3941Q1ZZ
DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		CORONARY STENT DES ULTIMASTER 2.50-18	1	9018329	230417	03/25	1	0	5 %	1125.00	22500.00	23625.00	22500.00
2	1 NA	ONYX TRUCOR DES TRCR 22530X 2.25X30	1	3004909	0012153812	02/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52

ITEMS : 2 QTY : 2 BASE : 46309.52 SGST : 1157.74 CGST : 1157.74 GST : 2315.48 Goods Value: 46309.52

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	CR	CD	0.00	0.00
5	46309.52	1157.74	1157.74	48625.00						
Rounded Net Amount										48625.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Forty Eight Thousand Six Hundred Twenty Five Rupees Only

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Remarks : P.N-PARTHASARTHY-IP-2024001957-GNANVELU

For AUCTUS LABS PRIVATE LIMITED

User Name

HARI 4:35:22 PM

AUTHORIZED SIGNATORY