Q1
ESI

Ht 175 cms
Wt -
PTCA - IV

ESI

Discharge on 31/8/24

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

NABH

Patient Name: Mr.RAMESH S(ESI)
44/Male/MHI202485345
29/08/2024/IP112024001995
Dr.G. GNANAVELU

IP No.

Room No.

D.O.A. 29/8/24 Time 10.26AM

Rent Per Day G/W.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
29/8/24	10.50	FO	GW - 4	S.R[illegible]
29/8/24	13.00	GW - 4	cath lab	S.[illegible]
30/8/24	11.40	CCU	G.W (IInd floor)	[illegible]

OPERATION THEATRE

Date : 29.8.24.	OT No. : Cath lab
Surgeon : Dr. Gnanavelu	Start Time : 15.00
I Asst. Surgeon :	End Time : 16.00
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N. Bhavadharani	Arthroscopy :
Name of Surgery : PTCA	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

Date	Start	Date	Disconnect
29/8/24	16.00	30/8/24	11.40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / 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
30/8/29	Urea Creat (1032)

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

29/8/24	ECG (1010)		
30/8/24	ECG (1032)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
29/8/24	ECG (1020)						
29/8/24	ECG (1010)						
30/8/24	ECG (1032)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. G. GNANAVELU	29/8/24	30/8/24	31/8/24				
Mrs. Catherine (Dietitian)	29/8/24	30/8/24	31/8/24				
Ms. Serathal (Psychologist)	31/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 18708 / 46088 0188 RETURNS CHECKED : 31/8/24.	544 - PTCA - 82800 + stent T - 1,18,373 31/8/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6242769

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043790	**Insurance No/Staff/ Pensioner Card**	: 5134388817
Name of the Patient	: Mr. S RAMESH	**Age/Gender** : 44 Years /Male	**UHID** : HKKN.0000276480
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: S84 - IVUS - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 03-Sep-2024 S44 - Balloon coronary angioplasty/PTCA with VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 03-Sep-2024		

डॉ. जी.कोथाई/Dr. G.KOTHAI,M.D.,MRCP(UK)
सह-प्राध्यापक /Associate Professor
सामान्य दवा/General Medicine
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai-78

Remarks Additional Clinical Information/Procedure/Investigation lof

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

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

Date & Time of Referral : 24-Aug-2024 12:07:44 PM

Name and Designation of the Referring Doctor
Dr. Vijayaraghavan P - Associate Professor

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

Date and Time. 24/8

S Ranjith

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:

24.08.24

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

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.

Printed By : pvijpvij

24-08-2024

9585908278

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
30/08/2024	AUC/WS543 1/1
Terms: WHOLE 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	1 NA	ONYX TRUCOR DES TRCR 27530X 2.75X30MM	1	30049099	0012160597	02/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2	1 NA	APOLLO NC BALLOON 3.0 X 10	1	90183100	2405156658	05/26	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
5 %	23809.52	595.24	595.24	25000.00
12 %	9440.00	566.40	566.40	10572.80

P(Disc)	DB	
	CR	
	CD	0.00
Rounded Net Amount		0.00
		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-RAMESH-IP-2024001995-DR.GNANAVELU

Customer Outstanding: **118309179.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS CHENNAI 600 024

AUTHORIZED SIGNATORY