REF! ESI

ESI

CAG

MHI/DP/2022/104

Medway Hospitals®
The way to better he
(A Unit of United Alliance Healthcare

BILLING CARD

Medway Heart Institute

Patient Name : Mrs.FATHIMA A
64/Female/MHI202485394
24/08/2024/IP112024001956
IP No. _____ Dr.G. GNANAVELU
Room No. ___

SAFETY FIRST

D.O.A. 24/08/24 Time 10:00 AM

TRANSFER DETAILS Rent Per Day Ry

Date	Time	From	To	Nurse's Signature
24/8/24	10-00	FO	RL	
24/8/24	11.35	RL	Cathlab	
24/8/24	12.20	Cath lab	RL	

OPERATION THEATRE

Date	: 24/8/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 11.35
I Asst. Surgeon	:	End Time	: 11.850
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: S/N Priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

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

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6852.00 0215 RETURNS CHECKED : 24/08/24	T-11903/-

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Roshna Bam	Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6234514 Referral Letter

2669 KKN

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043322
Insurance No/Staff/ Pensioner Card	: 5115964533
Name of the Patient	: Ms. A FATHIMA BEEVI
Age/Gender	: 63 Years /Female
UHID	: TN01.0007682126
UAN of IP	:
Address/Contact No	: E 14, NAVARATHINA COLONY, RAJAMANNAR SALAI, WEST K K NAGAR,
Identification marks (if any)	: CHENNAI-78 Chennai Tamilnadu INDIA -
IP/Beneficiary/Staff	: Beneficiary
Relationship with IP/Staff	: Dependant mother
Entitled for Specialty Rx	: YES
Entitled Super Specialty Rx	: YES
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 01-Sep-2024

Remarks Additional Clinical Information/Procedure/Investigation

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

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

Dr. S. USHALAKSHMI

Date & Time of Referral : 22-Aug-2024 11:33:19 AM

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

Dr. S. USHALAKSHMI, M.D., Associate Professor, Department of Medicine

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

Date and Time: 22/8

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ____________ Department of ____________ Hospital/Diagnostic

Centre for ____________ (Reason/purpose for referral).

22.08.24

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

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

The Medical Superintendent
ESIC Medical College & Hospital
K.K. Nagar, Chennai-78

A. SIVAKUMAR

22/8/24

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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