RY ESI

ESI

RAG

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.KANNIAPPAN P (ESI)
52/Male/MHI202485399
23/08/2024/IPI1202400195
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. __

D.O.A. 23/8/24 Time 10.58AM

TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
23/8/24.	10:09.	Adm	RL	10:09.
23/8/24.	12:09.	RL	cathlab	12:09
23/8/24	12.40	CATHLAB	RL	12.40

OPERATION THEATRE

Date	: 23/8/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 12.10
I Asst. Surgeon	:	End Time	: 12.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/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 : 8929.00 RETURNS CHECKED : 23/08/24	T- 11903 //

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

2642 KKN

Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

6230826.

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024042528	**Insurance No/Staff/ Pensioner Card**	: 5121369640
Name of the Patient	: Mr. P KANNIAPPAN	**Age/Gender** : 53 Years /Male	**UHID** :
UAN of IP	:		
Address/Contact No	: NO 3/4,KALAI SELVAM STREET KAMARAJAR SALAI RAMAPURAM Chennai		
Identification marks (if any)	: Tamilnadu INDIA -		
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 Remarks :		
CGHS (Name and Code)*	: 601 Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations No Of Sessions Allowed - 1 - Validity Upto 20-Aug-2024		

R.P.VIJA... ASSOCIATE ... ESIC MEDIC. COLLEGE & PGIMSR CHENNAI - 600 078 Regd. No. 35831

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 Interventional Radiology

K.Devi

Date & Time of Referral 19-Aug-2024 08:06:51 AM

Name and Designation of the Referring Doctor
Dr. Vijayaraghavan

DR.R.VIJAYARAGHAVAN M.D.(Gen. Medicine) ASSOCIATE PROFESSOR OF MEDICINE ESIC MEDICAL COLLEGE & PGIMSR CHENNAI - 600 078. Regd. No. 35831

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

Date and Time K.Devi

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ______ Department of ______ Hospital/Diagnostic

Centre for ______ (Reason/purpose for referral).

D.Lusvadani

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

1/c 21.08.24

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

R. ... 20/8/24

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 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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19-08-2024

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