REF: ESI

ESI

CALT

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthca

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.ABDUL KADHIR (ESI)
55/Male/MHI202485411
02/09/2024/IP112024002025
Dr.K.JAISHANKAR

IP No. _____

Room No. ___

D.O.A. 02/09/24 Time 09:43 A

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
2/9/24	9:43	FO	RR	
2/9/24	10:30	RR	cath	
2/9/24	11:20 AM	Cath Lab	RR	

OPERATION THEATRE

Date	: 2/9/24	OT No.	: Cath Lab.
Surgeon	: Dr. [illegible]	Start Time	: 10:50 A
I Asst. Surgeon	:	End Time	: 11 A
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: ~~Ro~~ Priya RN	Arthroscopy	:
Name of Surgery	: CA	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	:	601 - CBM - 11903
BILL CLEARED	: 6176 / Sarath 2/9/2024	
RETURNS CHECKED	:	2/9/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Roshna Banu

Sister In-charge

(Form P-1)

2670 KK

Employees State Insurance Corporation

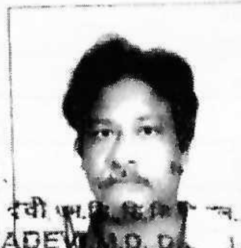
KK Nagar Chennai, TN (ESIC Model Hosp.)

6236290

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043492	**Insurance No/Staff/ Pensioner Card**	: 5113315177
Name of the Patient	: Mr. Abdul Kadhir	**Age/Gender** : 53 Years /Male	**UHID** : HKKN.0000024791
UAN of IP	:		
Address/Contact No	:		
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 - 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 - 02-Sep-2024		



Remarks Additional Clinical Information/Procedure/Investigation Coronary angiography

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

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

Dr. S.ABARNA DEVI M.D., D.R.V.L.
ASSISTANT PROFESSOR
ESIC Medical College & P.G.I.M.S.R.
K.K. Nagar Chennai-600078

Name and Designation of the Referring Doctor
Dr. Abarna devi, S - ASSISTANT PROFESSOR

Date & Time of Referral : 23-Aug-2024 10:14:51 AM

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

Date and Time: 23/8

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ________ Department of ________ Hospital/Diagnostic

Centre for ________ (Reason/purpose for referral)

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: 23/8/24

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

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

Dr. K.G. Srinivasan

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.

23-08-2024

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