Ref: ESI

ESI

CAG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals
The way to better health
(A Unit of United Alliance Healthcare)

Medway Heart Institute
Where heart beat never stops...

Mr.MURUGAN R (ESI)
43/Male/MHI202485437
26/08/2024/IP1I2024001965
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 26/8/24 Time 10:20 AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/8/24	10:20	Admission	RL	
26/8/24		RL	Cath lab	
26/8/24	12:05	CATH LAB	RL	

OPERATION THEATRE

Date	: 26/8/2024	OT No.	: Cath lab - I
Surgeon	: DR. Gnanavelu.	Start Time	: 11:45
I Asst. Surgeon	:	End Time	: 12:00
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 : 9552 / Sarath 26/8/24 RETURNS CHECKED :	GOI - UBH - 11903 26/8/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Jayan

Sister in-charge

623757 2646 KRN

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043561	**Insurance No/Staff/ Pensioner Card**	: 5125636317
Name of the Patient	: Mr. Murugan R	**Age/Gender** : 43 Years /Male	**UHID** : TN01 0012109102
UAN of IP	:		
Address/Contact No	: Default Default Default 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 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		

डॉ.(एम.डी.),एम.डी. (नेफ्रो)
D.,(MED),D.M.,(Nephro)
प्रमुख / Professor & HOD

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 Cardiology

Dr. K.V. BALIGA M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
E.S.I.C. Medical College & Hospital
K.K.Nagar, Chennai-78

Date & Time of Referral : 23 Aug 2024 11:43:46 AM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Baligar, PROFESSOR

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

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

DR. RAMYA

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

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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23-08-2024