



BILLING CARD

Patient Name

Mr.MURUGAN R (ES)

43/Male/MHI202485437

26/08/2024, 1P112024001965

Dr.G. GNANAVELU

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

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
06/8/24	10:20	Admission	PL	[Signature]
06/8/24		PL	CATH Lab	[Signature]
26/8/24	12:05	CATH LAB	PL	[Signature]

OPERATION THEATRE

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 : CABG	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

6237571

2646 KPN

(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

Name of the Patient : Mr. Murugan R

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 - Acute ischaemic heart disease, unspecified - I24.9 Remarks

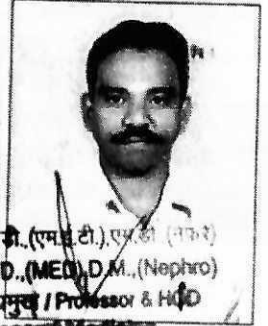
CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto 02 Sep-2024

Insurance No/Staff/ Pensioner Card

: 5125636317

Age/Gender : 43 Years /Male

UHID : TN01 D012109102



Dr. (एम.डी.) एम्.डी. (नफ्रो)
D. (MED) D.M. (Nephro)
मुख्य / 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)

मुख्य एवं विभाग प्रमुख / Professor & HOD

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

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh Baliga, PROFESSOR

मुख्य / Professor & HOD

Or, Agreeing to / contradicting the above, I voluntarily choose for my

Spouse

(relationship)

MEDWAY

Hospital for treatment of self or

Date and Time

23/8

M. Lo (Signature)

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. Ravi A

DR. RAVI A

(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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ph - 9952941588

23-08-2024