

Ref ESI

Cath



MHI/DP/2022/104

Medway Hospital
The way to better
(A Unit of United Alliance Health)

Mr.DEVARAJ (ESI)
59/Male/MHI202485439
26/08/2024/1P112024001967

Patient Name **Dr.G. GNANAVELU**

IP No. _____

Room No. RL

BILLING CARD

D.O.A. 26/8/24 Time 10:50

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/8/24	10:50	Admission	RL	[Signature]
26/8/24	11:30	RL	Cath Lab	[Signature]
26/8/24	12:50	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 26/8/2024	OT No.	: Cath Lab - II
Surgeon	: Dr. Gnanavelu	Start Time	: 11:45
I Asst. Surgeon	:	End Time	: 12:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N [Signature]	Arthroscopy	:
Name of Surgery	: CABG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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

[illegible]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024043705
 Name of the Patient : Mr. Devaraj N
 UAN of IP :
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Dependant father
 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 -
 03-Sep-2024

Insurance No/Staff/ Pensioner Card : 5134367252
 Age/Gender : 58 Years /Male

UHID : NDBM.0000024951



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lof

lack of facility

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardiology

Date & Time of Referral : 24-Aug-2024 09:47:23 AM

Name and Designation of the Referring Doctor
 Dr. Vijayaraghavan R. Associate Professor
 Dept. of General Medicine

Or, Agreeing to / contradicting the above, I voluntarily choose
 for my (relationship).

MEDWAY Hospitals

Hospital for treatment of

S.I.C. Medical College & Hos

K.K. Nagar, Chennai-78

Date and Time: 24/8/24

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:

(AUTHORISED SIGNATORY)

(Signature, Name & Designation)

Date & Time:

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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24-08-2024

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