

REF:- ESI

ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

Mrs. LAKSHMI.M (ESI)

49/Female MHI202485486

29/08/2024/PL12024002000

Dr. K. JAISHANKAR



Patient Name

IP No.

Room No.

D.O.A. 29/08/24 Time 11:03 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
29/8/24	11:05	Adm	RL	
29/8/24	14:35	RL	CATH LAB	
29/8/24	16:50	Cath Lab	RL	

OPERATION THEATRE

Date	: 29/8/24	OT No.	: Cath Lab-1
Surgeon	: Dr. Jaishankar	Start Time	: 16:05
I Asst. Surgeon	:	End Time	: 16:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P. P. Prays	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 : Tanw2024044059 Insurance No/Staff/ Pensioner Card : 5131040578
 Name of the Patient : Ms Lakshmi M Age/Gender : 49 Years /Female UHID : TN01.0016329070
 UAN of IP :
 Address/Contact No : Default Default Default Thiruvallur Tamilnadu INDIA
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Dependant mother
 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 -
 06-Sep-2024



Remarks Additional Clinical Information/Procedure/Investigation Coronary angiography for ACS-STEMI

Reasons / Purpose for Referral Investigations/Rx/Procedure : LOF

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

Date & Time of Referral 27 Aug-2024 10:49:52 AM

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

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

Date and Time 27/8 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

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time

Thiruvallur
 27/8/24

ECG Room C - 2 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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27-08-2024

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