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

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mrs.RINKU DEVI(ESI)
48/Female/MHI202485488
04/09/2024/IP112024002054
Dr.K.JAISHANKAR

D.O.A. 04/09/24 Time 09:40 AM

IP No. ____

Room No. ____

TRANSFER DETAILS

Rent Per Day RL

Date		From	To	Nurse's Signature
4/9/24	9.40	Admission	RL	
4/9/24		RL	Cath Lab.	
4/9/24	12.55	Cath Lab	RL	

OPERATION THEATRE

Date	: 4/9/24	OT No.	: RL Cath Lab.
Surgeon	: Dr. JS	Start Time	: 1p.m
I Asst. Surgeon	:	End Time	: 12.40 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Abinaya RN CA	Arthroscopy	:
Name of Surgery	:	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

2706 ICICP

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

6243301

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043961	Insurance No/Staff/ Pensioner Card	: 5127507011
Name of the Patient	: Ms. RINKU DEVI	Age/Gender : 48 Years /Female	UHID : TN01.0015983+81
UAN of IP	:		
Address/Contact No	: 17 Delhi Street Periyar Nagar Nagalkeni Chennai Tamilnadu INDIA		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atrial fibrillation and atrial flutter, unspecified - I48.9 Remarks : A-fib for RVR		
CGHS (Name and Code)*	: 548 - CATH - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 05 Sep 2024		

Remarks Additional Clinical Information/Procedure/Investigation ctvs for Atrial Fibrillation

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 26-Aug-2024 03:14:26 PM

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

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

Family (relationship)

Date and Time

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to Department of Hospital/Diagnostic

Centre for (Reason/purpose for referral)

1/c 27.08.24

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

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

K.K. Nagar, Chennai-78

27/8/24

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.

Printed By : abars 9384649037 26-08-2024

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T - 12191
BILL CLEARED : 6676 Received on 4/9/24	4/9/24
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Rekha Ram

Sister In-charge