RL
ESE

ESI

CAG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better h
(A Unit of United Alliance Healthcar

Medway Heart Institute
Where heart beat never stops...

Mr.VENGADESAN SAMINATHAN
72/Male/MHI202485489
28/08/2024/IP1120240019B6
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 28/8/24 Time 10.39AM

Rent Per Day RL.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
28/8/24 10.40	10.40	ADM	RL	
11.30	11.30	RL	CATH LAB	Lavanya 0158
28/8/24 12.42 PM	12.42 PM	Cath Lab	RL	

OPERATION THEATRE

Date	: 28/8/24	OT No.	: Cath Lab
Surgeon	: Dr. Gopi.	Start Time	: 11.50 AM
I Asst. Surgeon	:	End Time	: 12.18 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Priya RN	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 : 5700 / Sarath 28/8/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTH	Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043554	**Insurance No/Staff/ Pensioner Card**	: 5120649142		
Name of the Patient	: Mr. Vengadesan Saminathan	**Age/Gender**	: 72 Years /Male	**UHID**	: NDBM 0000021617
UAN of IP	:				
Address/Contact No	: , , , Chennai Tamilnadu INDIA				
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 - 02-Sep-2024				

K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
व्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / G
श्री नि चिकित्सा महाविद्यालय
E.S.I.C. Medical College & Hospital
K.K.Nagar, Chennai-78.

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

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

Date & Time of Referral 23 Aug 2024 11:35:44 AM

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

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

Date and Time .....

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:

The Medical Superintendent
E.S.I. Model 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.

Printed By : krivenba - 23-08-2024

9629584919