



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. SUNDARAMOORTHY P (ESI)

66/Male/MHI202485490

28/08/2024: IP112024001987

IP No.

Dr. G. GNANAVELU

Room No.

SAFETY FIRST

D.O.A. 28/08/24 Time 11:05 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
28/8/24	11:00	Adm	RL	Alp
28/8/24	11:46pm	RL	CATH LAB	Alp
28/8/24	18:05	Cath lab	RL	Pi0287

OPERATION THEATRE

Date	: 28/8/24	OT No.	: Cath lab D
Surgeon	: Dr. Gnanavelu	Start Time	: 17:40
I Asst. Surgeon	:	End Time	: 17:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Banetharini	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]

9707

KFA

HBSAg +ve

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024043993

Name of the Patient : Mr. SUNDARAMOORTHY

UAN of IP : PAVADAI

Address/Contact No :

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 - 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

Insurance No/Staff/ Pensioner Card

: 5130511440

Age/Gender : 66 Years /Male

UHID : ADYR.0000041607



I.D. MED), D.M. (Neph)

प्रमुख / Professor & HOD

Remarks Additional Clinical Information/Procedure/Investigation

coronary angiography

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lack of facility

HBSAg +ve

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Cardiology

E.S.I.C. Medical College & Hospital

K.K. Nagar, Chennai-78

Date & Time of Referral : 27-Aug-2024 09:22:17 AM

डॉ. के.वी. बालिगा

Dr. K.V. BALIGA

Name and Designation of the Referring Doctor

Dr. Krishna Venkatesh Baliga - PROFESSOR

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

Hospital for treatment of self or

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

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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