REF:- ESI

ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.KAJENDRAN (ESI)
48/Male/MHI202485515
29/08/2024/IP1I2024001994
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 29/08/24 Time 10'23 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
29/8/24	10.25	AIDM	RL	
29/8/24	11.00	RL	CATHLAB	
29/8/24	12.30	Cath Lab	RL	

OPERATION THEATRE

Date	: 29/8/24	OT No.	: Cath Lab-1
Surgeon	: Dr. Jaishankar	Start Time	: 11.20
I Asst. Surgeon	:	End Time	: 12.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Priya	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 : 5863 / Vignesh BILL CLEARED : RETURNS CHECKED : 29/08/24	T- 11903 / — 60/- Cash 29.8.24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma banu.

Sister In-charge

2722 KKN

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

6246837

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024044358	**Insurance No/Staff/ Pensioner Card**	: 5131299764
Name of the Patient	: Mr. C. Kajendran	**Age/Gender** : 48 Years /Male	**UHID** : ORA0.0000004706
UAN of IP	:		
Address/Contact No	: oragadam		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Spouse		
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 - 07-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation coronary angiography

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

डॉ के वी बालिगा, एम.डी.(मेडि) डी.एम.(नेफ्रो) / Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
क.रा.बी.नि. चि. / E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K.Nagar, Chennai-78

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

Date & Time of Referral 28 Aug 2024 12:01:43 PM

Name and Designation of the Referring Doctor
Dr. Krishna Venkatesh Baliga - PROFESSOR

डॉ के वी बालिगा / Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
के.के.नगर, चेन्नई-78 / K.K.Nagar, Chennai-78

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

Date and Time 28/8

C. Kajendran

G. Valli

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:

B. Kaladevi

Manizhchelvi | J. THAMIZHCHELVI
28/8/24

A. SIVAKUMAR

28/8/24

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

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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Ph - 6380188754

28-08-2024