Ref: ESI

ESI

CAG

MHI/DP/2022/104

Medway Ha
The way to bett
(A Unit of United Alliance Hea

Patient Nam

IP No. ____

Room No. ____

Mr.FAHEEM AHMED M (ESI)
44/Male/MHI202485551
05/09/2024/IP1I2024002074
Dr.K.JAISHANKAR

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

D.O.A. 05/9/24 Time 10:43AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
5/9/24	10.43	ADMITTED	RL	
5/9/24	13.45	RL	cath	

OPERATION THEATRE

Date	: 5/9/24	OT No.	: Cath Lab-II
Surgeon	: Dr. Jaishankar	Start Time	: 13.05
I Asst. Surgeon	:	End Time	: 13:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Rani. 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 : 58454. 05/9/24 BILL CLEARED : RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : JANANI

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

K.K. Nagar Chennai, TN (ESIC Model Hosp.)

UHID.....62K3088.....

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024044695	**Insurance No/Staff/ Pensioner Card**	: 5120411114
Name of the Patient	: Mr. FAHEEM AHMED M.	**Age/Gender** : 44 Years /Male	**UHID** : T*** 0003860921
UAN of IP	:		
Address/Contact No	: 19/35, K.M. NAGAR IST STREET, PUDU MANAI, AMBUR. Chennai Tamilnadu		
Identification marks (if any)	: INDIA		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Spaciality Rx	: YES		
Diagnosis	: ICD - Stroke, not specified as haemorrhage or infarction - I64 Remarks : acute cva- subacute infarct		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 08-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : Lack of Facility

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

Date & Time of Referral : 29-Aug-2024 05:55:49 PM

Name and Designation of the Referring Doctor
Dr. KOTHAI GNANAMOORTHY - Associate Professor

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

Date and Time: 30/8 M_Faheem

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:

Superintendent
ESIC & Hospital
K.K. Nagar, Chennai-78

30/8/24

A. SIVAKUMAR

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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29-08-2024

Phone - 9629212674