

BILLING CARD

Medway Hospitals
The way to better her (A Unit of United Allance Healthcare) Mr.RAVICHANDRAN.T (ESI)

59/Male/MHI202485552 Patient Name







Heart Institute

D.O.A. 31 8 21 Time 11,08AM

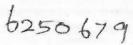
IP No	Dr.K.JAISHAN								
Room No				R DETAILS	Rent Per Da	y Re	<u>, </u>		
Date	Time	Fr	om		Го	Nurse's	Signature		
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31/8/24	13:00	CA	THIAB	P1		8000			
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Date	: 31/0	8/24		OT No. : CATHLAB . II					
Surgeon: 31/08/24 Surgeon: Do Talshankal.k			Start Time : 12:25						
I Asst. Surgeon :				End Time : 12 '55					
II Asst. Surge				Dis. Pack	:				
III Asst. Surge				Diathermy :					
Anaesthetist	: ,			C-Arm :					
OT Nurse	: R/N.	poqya		Arthroscopy:					
Name of Surgery: AM			Laproscopy:						
				Sevoflurane / Isoflurane :					
				Inj. Fentanyl : 2ml 10ml/inj. monphi:					
				Others :					
	MON	ITOR			INFUSIO	N PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect		
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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
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OT DRUGS REPLACED :		1.00				1_	
BILL CLEARED : 5 RETURNS CHECKED :	lts 18/24	T-11903/-					
CROSS MATCHING :		0.000	9.	3.00			
RESERVATION PF BLOO	D:			,			
STERILE TRAY USED :							
TRANFUSION (BLOOD)							
ATTENDER'S HOLDING:							
OTHER PROCDURES :						6	
	~		Τ			Ku	5999 -
Admission Officer:	AT.					Sister	In-charge

> (Form.p. 1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)



Referral Letter





DO NOT MUTILATE THE QR COD

Referral No	: Tamil202404	14555	Insurance No.	/Staff/ Pensioner Card	
Name of the Patient	: Mr. Ravichar	ndran T	Age/Gender	: 59 Years /Male	AHID : HAAM UUUUUSEUSE
UAN of IP	:\2020_09_2	5\HAYN.0000035D35_	QRC		
Address/Contact No					
Identification marks (if any)					
IP/Beneficiary/Staff	: IP		Ñ		
Relationship with IP/Staff	: Self				
Entitled for Specialty Rx	: YES				
Entitled Super Specialty Rx	:YES				all No.
Diagnosis	: ICD - Acute	schaemic heart disea:	se, unspecified - 124.9	Remarks :	
CGHS (Name and Code)* Remarks Additional Clinical Inform	Treatment / 08-Sep-2024 nation/Procedure/In	Investigations - No O		DR.P.\	SSOCIA
Reasons / Purpose for Referral In		cedure :	lack (of facility	CHEC., Regal to the state of th
Name of the empanelled hospital v	vhereto refer	Hospital Department	MEDWAY HOSPITAL Interventional Radio		
	1-2024 11:01:04 AM	Maria	Dr. Vijayaraç	BALLAXIOR OF THE RESIDENCE PROPERTY OF THE PRO	ESSOF MEDICINE
Or, Agreeing to / contradicting the abov	e, I voluntarily choose (relationship).	NEWHOT	Hospita	al for treatment of self.or K Ray I	Rosion
5 the dis time.				Signature/Thumb Impres	sion of IP/Beneficiary/Staff
Referred to	Department of		F	lospital/Diagnostic	
Centre for		ose for referral).		180 mg	9/2
(VERIFIED & RECOMMENDED BY) (Signature, Name & Designation) Date & Time:	And alls'	VADINTEN	em)	(AUTHORISED SIGNATOR (Signature, Name &Design Date & Time:	RY WITH STAMP) nation)
Man	izachelii 15	CA4	80	e ivac	agar, Chennai-78
	D.				

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