



CAG

MHI/DP/2022/104

**BILLING CARD**
SAFETY FIRST

Patient Name

Mr. RAVICHANDRAN.T (ESI)

59/Male/MHI202485552

31/08/2024/1112024002017

IP No.

Dr. K. JAISHANKAR

Room No.



TRANSFER DETAILS

Rent Per Day

RL

D.O.A. 31/8/24 Time 11:08 AM

Date	Time	From	To	Nurse's Signature
31/8/24	11:08	ADMISSION	RL	24/08/24
31/8/24	12:15	RL	CATH LAB	24/08/24
31/8/24	13:00	CATH LAB	RL	24/08/24

OPERATION THEATRE

Date	: 31/08/24	OT No.	: CATH LAB II
Surgeon	: Dr. Jaishankar.K	Start Time	: 12:25
I Asst. Surgeon	:	End Time	: 12:55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	:
		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]

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024044555
 Name of the Patient : Mr. Ravichandran T
 UAN of IP : \2020_09_26\HAYN.0000035035_QRC
 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 -
 08-Sep-2024

Insurance No/Staff/ Pensioner Card : 5127514344
 Age/Gender : 59 Years /Male

UHID : HAYN.0000035035



DR. P. VIJAYARAGHAVAN

ASSOCIATE PROFESSOR

ESIC MEDICAL COLLEGE & PGIMS

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

Interventional Radiology

Date & Time of Referral : 29-Aug-2024 11:01:04 AM

Name and Designation of the Referring Doctor

Dr. Vijayaraghavan P. Associate Professor

ESIC MEDICAL COLLEGE & PGIMS

CHENNAI

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:

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.

Printed By : pvijpvj

29-08-2024

m 7904802163