

ESI

CAG

MHI/DP/2022/104

Medway Hospitals®
The way to better hee
(A Unit of United Alliance Healthcare P

BILLING CARD

SAFETY FIRST

D.O.A. 2/9/24 Time 10:44 AM

Patient Name _____

IP No. _____

Room No. _____

Mr. KRISHNA RAO (ESI)

60/Male/MHI202485568

02/09/2024/1P112024002028

Dr. G. GNANAVELU



TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
2/9/24	10:50	ARM	RL	
2/9/24	12:45	RL	CATH LAB	
2/9/24	14:40	CATH LAB	RL	

OPERATION THEATRE

Date	: 2/9/2024	OT No.	: CATH LAB - I
Surgeon	: DR. Gnanavelu	Start Time	: 14:15
I Asst. Surgeon	:	End Time	: 14:35
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. 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

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

6247093



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024044383
 Name of the Patient : Mr. Krishna Rao Narasimma
 UAN of IP : R2020_10_13\HKKN.0000188726_QRC
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Dependant father
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : ICD - Angina pectoris, unspecified - I20.9 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

Insurance No/Staff/ Pensioner Card

: 5129628297

Age/Gender : 60 Years /Male

UHID : HKKN.0000188726



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

for CAG

Name of the empanelled hospital whereto refer

Hospital

MEDWAY HOSPITALS

Department

Diagnostic Cardiology

Date & Time of Referral : 28-Aug-2024 12:42:45 PM

Name and Designation of the Referring Doctor
 Dr. Vijayaraghavan P. Associate Professor

Or Agreeing to / contradicting the above, I voluntarily choose Medway
 for my Dependant Father (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: _____

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 fulfillment of other terms and conditions as defined in the contract/agreement.

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pk - 6382580258

28-08-2024

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