R1 ESI

ESI

PTCA

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.KRISHNA RAO (ESI)
60/Male/MHI202485568
13/09/2024/IPI12024002150
Dr.G. GNANAVELU

Patient Name _____ D.O.A. 13/9/24 Time 11.38 Am

IP No. _____

Room No. ____ RANSFER DETAILS Rent Per Day 2014

Date	Time	From	To	Nurse's Signature
13/9/24	12 PM	ADMISSION	2nd floor R.No 305	
13/9/24	12.50	2nd floor 205	Cath lab.	
13/9/24	15.10.	CATH LAB	CCU	
14/9/24	11.30.	CCU.	Discharge	

OPERATION THEATRE

Date	: 13/9/2024	OT No.	: Cath lab - II
Surgeon	: Dr. Gnanavelu.	Start Time	: 13.50
I Asst. Surgeon	:	End Time	: 14.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
13/8/24.	15:15	14/9/24	11.30

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

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm — — :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
4/9/24	Urea, Creat ~~(1831)~~ (11843)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
13/9/24	ECG - 1 (11808)		
14/9/24	ECG - 1 (11823)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
13/9/24	L+ (11855)						
13/9/24	G.1 (11808)						
14/9/24	I (11823)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. G. NAMAKELU	13/9/24	14/9/24	15/9/24.				
Ms. Catherine Pattison	13/9/24	14/9/24	15/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : A1548 / Vignesh.J BILL CLEARED : RETURNS CHECKED : 15/09/2024	T535534 Implant 545-75353 + Implant T-1,15,531 16/9/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

UTI ID.....6266180

KPN 2846.

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024045790	Insurance No/Staff/ Pensioner Card	: 5129628297
Name of the Patient	: Mr. Krishna Rao Narasimma	Age/Gender : 61 Years /Male	UHID : HKKN.0000188726
UAN of IP	: R\2020_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 - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 544 - Balloon coronary angioplasty/PTCA with VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 14-Sep-2024 .		

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : for PTCA

Name of the empanelled hospital whereto refer — Hospital: MEDWAY HOSPITALS; Department: Interventional Cardiology

P. VIJAYARAGHAVAN, M.D., Associate Professor, Dept. of General Medicine, E.S.I.C. Medical College & Hospital, K.K. Nagar, Chennai-78.

Date & Time of Referral : 04-Sep-2024 12:58:48 PM

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

Dept. of General Medicine, E.S.I.C. Medical College & Hospital, K.K. Nagar, Chennai-78.

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

Date and Time: 5/9/24

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to/VERIFIED / ENTITLED FOR SST Department of _____ Hospital/Diagnostic

Centre for Committee Members' (Reason/purpose for referral).

Signature & Name

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

5/9/24

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

2.

1. 5/9/24

E.

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 : pvijpvij

04-09-2024

PH. 6382580208

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
14/09/2024	**AUC/WS586 1/1**
Terms	Salesman Name
IS-INTERNAL SALES	6-PHARMACY
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		STENT-2.75X28 ETA2750-28	1	9021909	N27528IE2426007	04/26	1	0	5 %	1913.24	38264.76	40178.00	38264.76

ITEMS : 1 QTY : 1 BASE : 38264.76 SGST : 956.62 CGST : 956.62 GST : 1913.24 Goods Value: 38264.76

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	38264.76	956.62	956.62	40178.00		CR	
						CD 0.00	0.00
					Rounded Net Amount		**40178.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Forty Thousand One Hundred Seventy Eight Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : PT-KRISHNA RAO,MHI202485568,DR.GNANAVELU.G

For AUCTUS LABS PRIVATE LIMITED

User Name
MASHOK 11:49:07 A

AUTHORIZED SIGNATORY

18