RY ESI

ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mrs.VASUKI H (ESI)
45/Female/MHI202485595
03/09/2024/IP112024002044
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 3/9/24 Time 11.35AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
3/9/24.	11:40	Admission	RL	
3/9/24.	12.40	RL	Cath lab	
3/9/24	14:00	CATHLAB	RL	

OPERATION THEATRE

Date	: 03/09/24	OT No.	: CATHLAB -II
Surgeon	: Dr. Jaishankar.K	Start Time	: 13:35
I Asst. Surgeon	:	End Time	: 14:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/Nr. 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 :	
BILL CLEARED : 5393 / [illegible]	
RETURNS CHECKED : 3/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

(Form P 1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

2785 / KKN

UHID 6256142

DO NOT MUTILATE THE QR CODE

Insurance No/Staff/ Pensioner Card : 5132553924
Age/Gender : 45 Years /Female
UHID : HKKN.0000267956

Referral No : Tamil2024044535
Name of the Patient : Ms. Vasuki .
UAN of IP :
Address/Contact No :
Identification marks (if any) :
IP/Beneficiary/Staff : Beneficiary
Relationship with IP/Staff : Dependant mother
Entitled for Specialty Rx : YES
Entitled Super Specialty Rx : YES
Diagnosis : ICD - Atherosclerotic heart disease - I25.1 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

Remarks Additional Clinical Information/Procedure/Investigation

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

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

Date & Time of Referral : 29-Aug-2024 10:40:28 AM

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

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

Date and Time: 2/9/24

M.H. [signature]
Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ____________ Department of ____________ Hospital/Diagnostic Centre for ____________ (Reason/purpose for referral).

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: 2/9/24
K.K. Nagar, Chennai-78

(VERIFIED / ENTITLED FOR SST)
(Signature, Name &Designation)
Date & Time:

VERIFIED / ENTITLED FOR SST
Committee Members
Signature & Name

1.
2. Dr KOTHAI
3. 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.

29-08-2024

Printed By : ushas71

m 8939447054